

108TH CONGRESS  
1ST SESSION

# H. R. 2440

To improve the implementation of the Federal responsibility for the care and education of Indian people by improving the services and facilities of Federal health programs for Indians and encouraging maximum participation of Indians in such programs, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JUNE 11, 2003

Mr. YOUNG of Alaska (for himself, Mr. HAYWORTH, Mr. RENZI, Mr. COLE, Mr. HUNTER, Mr. McKEON, Mr. PALLONE, Mr. RAHALL, Mr. GEORGE MILLER of California, Mr. KILDEE, Mr. DINGELL, Mr. WAXMAN, Mr. RANGEL, Mr. CONYERS, Mr. OBERSTAR, Mr. GRIJALVA, Ms. MILLENDER-McDONALD, Mr. FROST, Mr. KENNEDY of Rhode Island, Mr. FRANK of Massachusetts, Mr. FILNER, Mr. HONDA, Mr. CARSON of Oklahoma, Mr. ALLEN, Mr. ABERCROMBIE, Ms. LEE, Mrs. NAPOLITANO, Mr. FALEOMAVAEGA, Ms. MCCOLLUM, Mr. TOWNS, Mr. UDALL of New Mexico, Mr. UDALL of Colorado, Mr. KIND, Mr. LANTOS, Mr. INSLEE, Mr. STUPAK, Mr. BACA, Ms. KILPATRICK, Mrs. CHRISTENSEN, Mr. BLUMENAUER, and Ms. NORTON) introduced the following bill; which was referred to the Committee on Resources, and in addition to the Committees on Energy and Commerce, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To improve the implementation of the Federal responsibility for the care and education of Indian people by improving the services and facilities of Federal health programs for Indians and encouraging maximum participation of Indians in such programs, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
 2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Indian Health Care  
 5       Improvement Act Amendments of 2003”.

6       **SEC. 2. INDIAN HEALTH CARE IMPROVEMENT ACT AMEND-**  
 7                 **ED.**

8       The Indian Health Care Improvement Act (25 U.S.C.  
 9       1601 et seq.) is amended to read as follows:

10      **“SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

11          “(a) SHORT TITLE.—This Act may be cited as the  
 12       ‘Indian Health Care Improvement Act’.

13          “(b) TABLE OF CONTENTS.—The table of contents  
 14       for this Act is as follows:

Sec. 1. Short title.

Sec. 2. Indian Health Care Improvement Act amended.

“Sec. 1. Short title; table of contents.

“Sec. 2. Findings.

“Sec. 3. Declaration of National Indian health policy.

“Sec. 4. Definitions.

“TITLE I—INDIAN HEALTH, HUMAN RESOURCES, AND  
 DEVELOPMENT

“Sec. 101. Purpose.

“Sec. 102. Health Professions Recruitment Program for Indians.

“Sec. 103. Health Professions Preparatory Scholarship Program for Indi-  
 ans.

“Sec. 104. Indian health professions scholarships.

“Sec. 105. American Indians into psychology program.

“Sec. 106. Funding for tribes for scholarship programs.

“Sec. 107. Indian Health Service extern programs.

“Sec. 108. Continuing education allowances.

“Sec. 109. Community Health Representative Program.

“Sec. 110. Indian Health Service Loan Repayment Program.

“Sec. 111. Scholarship and loan repayment recovery fund.

“Sec. 112. Recruitment activities.

“Sec. 113. Indian recruitment and retention program.

“Sec. 114. Advanced training and research.

- “Sec. 115. Quentin N. Burdick American Indians into nursing program.
- “Sec. 116. Tribal cultural orientation.
- “Sec. 117. Inmed program.
- “Sec. 118. Health training programs of community colleges.
- “Sec. 119. Retention bonus.
- “Sec. 120. Nursing residency program.
- “Sec. 121. Community Health Aide Program for Alaska.
- “Sec. 122. Tribal health program administration.
- “Sec. 123. Health professional chronic shortage demonstration programs.
- “Sec. 124. Treatment of scholarships for certain purposes.
- “Sec. 125. National Health Service Corps.
- “Sec. 126. Substance abuse counselor educational curricula demonstration programs.
- “Sec. 127. Mental health training and community education programs.
- “Sec. 128. Designation of shortage areas.
- “Sec. 129. Authorization of appropriations.

#### “TITLE II—HEALTH SERVICES

- “Sec. 201. Indian Health Care Improvement Fund.
- “Sec. 202. Catastrophic Health Emergency Fund.
- “Sec. 203. Health promotion and disease prevention services.
- “Sec. 204. Diabetes prevention, treatment, and control.
- “Sec. 205. Shared services for long-term care.
- “Sec. 206. Health services research.
- “Sec. 207. Mammography and other cancer screening.
- “Sec. 208. Patient travel costs.
- “Sec. 209. Epidemiology centers.
- “Sec. 210. Comprehensive school health education programs.
- “Sec. 211. Indian Youth Program.
- “Sec. 212. Prevention, control, and elimination of communicable and infectious diseases.
- “Sec. 213. Authority for provision of other services.
- “Sec. 214. Indian women’s health care.
- “Sec. 215. Environmental and nuclear health hazards.
- “Sec. 216. Arizona as a contract health service delivery area.
- “Sec. 216A. North Dakota as a contract health service delivery area.
- “Sec. 216B. South Dakota as a contract health service delivery area.
- “Sec. 217. California contract health services program.
- “Sec. 218. California as a contract health service delivery area.
- “Sec. 219. Contract health services for the Trenton Service Area.
- “Sec. 220. Programs operated by Indian tribes and tribal organizations.
- “Sec. 221. Licensing.
- “Sec. 222. Notification of provision of emergency contract health services.
- “Sec. 223. Prompt action on payment of claims.
- “Sec. 224. Liability for payment.
- “Sec. 225. Authorization of appropriations.

#### “TITLE III—FACILITIES

- “Sec. 301. Consultation; construction and renovation of facilities; reports.
- “Sec. 302. Sanitation facilities.
- “Sec. 303. Preference to Indians and Indian firms.
- “Sec. 304. Expenditure of nonservice funds for renovation.
- “Sec. 305. Funding for the construction, expansion, and modernization of small ambulatory care facilities.

- “Sec. 306. Indian Health Care Delivery Demonstration Project.
- “Sec. 307. Land transfer.
- “Sec. 308. Leases, contracts, and other agreements.
- “Sec. 309. Loans, loan guarantees, and loan repayment.
- “Sec. 310. Tribal leasing.
- “Sec. 311. Indian Health Service/tribal facilities joint venture program.
- “Sec. 312. Location of facilities.
- “Sec. 313. Maintenance and improvement of health care facilities.
- “Sec. 314. Tribal management of federally owned quarters.
- “Sec. 315. Applicability of Buy American Act requirement.
- “Sec. 316. Other funding for facilities.
- “Sec. 317. Authorization of appropriations.

#### “TITLE IV—ACCESS TO HEALTH SERVICES

- “Sec. 401. Treatment of payments under Social Security Act health care programs.
- “Sec. 402. Grants to and funding agreements with the Service, Indian tribes, tribal organizations, and urban Indian organizations.
- “Sec. 403. Reimbursement from certain third parties of costs of health services.
- “Sec. 404. Crediting of reimbursements.
- “Sec. 405. Purchasing health care coverage.
- “Sec. 406. Sharing arrangements with Federal agencies.
- “Sec. 407. Payor of last resort.
- “Sec. 408. Nondiscrimination in qualifications for reimbursement for services.
- “Sec. 409. Consultation.
- “Sec. 410. State children’s health insurance program (SCHIP).
- “Sec. 411. Social Security Act sanctions.
- “Sec. 412. Cost sharing.
- “Sec. 413. Treatment under medicaid managed care.
- “Sec. 414. Navajo nation medicaid agency.
- “Sec. 415. Authorization of appropriations.

#### “TITLE V—HEALTH SERVICES FOR URBAN INDIANS

- “Sec. 501. Purpose.
- “Sec. 502. Contracts with, and grants to, urban Indian organizations.
- “Sec. 503. Contracts and grants for the provision of health care and referral services.
- “Sec. 504. Contracts and grants for the determination of unmet health care needs.
- “Sec. 505. Evaluations; renewals.
- “Sec. 506. Other contract and grant requirements.
- “Sec. 507. Reports and records.
- “Sec. 508. Limitation on contract authority.
- “Sec. 509. Facilities.
- “Sec. 510. Office of Urban Indian Health.
- “Sec. 511. Grants for alcohol and substance abuse-related services.
- “Sec. 512. Treatment of certain demonstration projects.
- “Sec. 513. Urban NIAAA transferred programs.
- “Sec. 514. Consultation with urban Indian organizations.
- “Sec. 515. Federal Tort Claims Act coverage.
- “Sec. 516. Urban youth treatment center demonstration.

- “Sec. 517. Use of Federal government facilities and sources of supply.
- “Sec. 518. Grants for diabetes prevention, treatment, and control.
- “Sec. 519. Community health representatives.
- “Sec. 520. Regulations.
- “Sec. 521. Eligibility for services.
- “Sec. 522. Authorization of appropriations.

#### “TITLE VI—ORGANIZATIONAL IMPROVEMENTS

- “Sec. 601. Establishment of the Indian Health Service as an agency of the Public Health Service.
- “Sec. 602. Automated management information system.
- “Sec. 603. Authorization of appropriations.

#### “TITLE VII—BEHAVIORAL HEALTH PROGRAMS

- “Sec. 701. Behavioral health prevention and treatment services.
- “Sec. 702. Memoranda of agreement with the Department of the Interior.
- “Sec. 703. Comprehensive behavioral health prevention and treatment program.
- “Sec. 704. Mental health technician program.
- “Sec. 705. Licensing requirement for mental health care workers.
- “Sec. 706. Indian women treatment programs.
- “Sec. 707. Indian Youth Program.
- “Sec. 708. Inpatient and community-based mental health facilities design, construction, and staffing.
- “Sec. 709. Training and community education.
- “Sec. 710. Behavioral health program.
- “Sec. 711. Fetal alcohol disorder funding.
- “Sec. 712. Child sexual abuse and prevention treatment programs.
- “Sec. 713. Behavioral health research.
- “Sec. 714. Definitions.
- “Sec. 715. Authorization of appropriations.

#### “TITLE VIII—MISCELLANEOUS

- “Sec. 801. Reports.
- “Sec. 802. Regulations.
- “Sec. 803. Plan of implementation.
- “Sec. 804. Availability of funds.
- “Sec. 805. Limitation on use of funds appropriated to the Indian Health Service.
- “Sec. 806. Eligibility of California Indians.
- “Sec. 807. Health services for ineligible persons.
- “Sec. 808. Reallocation of base resources.
- “Sec. 809. Results of demonstration projects.
- “Sec. 810. Provision of services in Montana.
- “Sec. 811. Moratorium.
- “Sec. 812. Tribal employment.
- “Sec. 813. Prime vendor.
- “Sec. 814. Severability provisions.
- “Sec. 815. Establishment of National Bipartisan Commission on Indian Health Care Entitlement.
- “Sec. 816. Appropriations; availability.
- “Sec. 817. Confidentiality of medical quality assurance records: qualified immunity for participants.

“Sec. 818. Authorization of appropriations.

Sec. 3. Soboba sanitation facilities.

Sec. 4. Amendments to medicare program.

Sec. 5. Amendments to medicaid program and State Children’s Health Insurance Program (SCHIP).

1 **“SEC. 2. FINDINGS.**

2 “Congress finds the following:

3 “(1) Federal delivery of health services and  
 4 funding of Indian and Urban Indian Health Pro-  
 5 grams to maintain and improve the health of Indi-  
 6 ans are consonant with and required by the Federal  
 7 Government’s historical and unique legal relation-  
 8 ship with Indians, as reflected in the Constitution,  
 9 treaties, Federal statutes and the course of dealings  
 10 of the United States with Indian Tribes and the  
 11 United States’ resulting government-to-government  
 12 relationship with Indian Tribes and trust respon-  
 13 sibilities and obligations to Indians.

14 “(2) From the time of European occupation  
 15 and colonization through the 20th century, policies  
 16 and practices of the United States caused and/or  
 17 contributed to the severe health conditions of Indi-  
 18 ans.

19 “(3) Through the cession of over 400,000,000  
 20 acres of land to the United States in exchange for  
 21 promises, often reflected in treaties, of health care,  
 22 Indian Tribes have secured a de facto contract which  
 23 entitles Indians to health care in perpetuity, based

1 on the moral, legal, and historic obligation of the  
2 United States.

3 “(4) The population growth of Indians that  
4 began in the later part of the 20th century increases  
5 the need for Federal health care services.

6 “(5) A major national goal of the United States  
7 is to provide the quantity and quality of health serv-  
8 ices which will permit the health status of Indians  
9 regardless of where they live to be raised to the  
10 highest possible level that is no less than that of the  
11 general population and to provide for the maximum  
12 participation of Indian Tribes, Tribal Organizations,  
13 and Urban Indian Organizations in the planning, de-  
14 livery and management of those health services.

15 “(6) Federal health services to Indians have re-  
16 sulted in a reduction in the prevalence and incidence  
17 of illnesses among, and unnecessary and premature  
18 deaths of, Indians.

19 “(7) Despite such services, the unmet health  
20 needs of Indians remain alarmingly severe and the  
21 health status of Indians is far below the health sta-  
22 tus of the general population of the United States.

23 “(8) The disparity to be addressed is formi-  
24 dable. For example, Indians suffer a death rate for  
25 diabetes mellitus that is 318 percent higher than the

1 all races rate for the United States, a pneumonia  
2 and influenza death rate 52 percent greater, a tuber-  
3 culosis death rate that is 650 percent greater, and  
4 a death rate from alcoholism that is 670 percent  
5 higher than that of the all races United States rate.

6 **“SEC. 3. DECLARATION OF NATIONAL INDIAN HEALTH POL-**  
7 **ICY.**

8 “Congress hereby declares that it is the policy of this  
9 Nation, in fulfillment of its special trust responsibilities  
10 and legal obligations to Indians—

11 “(1) to assure the highest possible health status  
12 for Indians and to provide all resources necessary to  
13 effect that policy;

14 “(2) to raise the health status of Indians by the  
15 year 2010 to at least the levels set forth in the goals  
16 contained within the Healthy People 2010 or suc-  
17 cessor objectives;

18 “(3) to the greatest extent possible, to allow In-  
19 dians to set their own health care priorities and es-  
20 tablish goals that reflect their unmet needs;

21 “(4) to increase the proportion of all degrees in  
22 the health professions and allied and associated  
23 health professions awarded to Indians so that the  
24 proportion of Indian health professionals in each



1 Service Area is raised to at least the level of that of  
2 the general population;

3 “(5) to require meaningful consultation with In-  
4 dian Tribes, Tribal Organizations, and Urban Indian  
5 Organizations to implement this Act and the na-  
6 tional policy of Indian self-determination; and

7 “(6) to provide funding for programs and facili-  
8 ties operated by Indian Tribes and Tribal Organiza-  
9 tions in amounts that are not less than the amounts  
10 provided to programs and facilities operated directly  
11 by the Service.

12 **“SEC. 4. DEFINITIONS.**

13 “For purposes of this Act:

14 “(1) The term ‘accredited and accessible’ means  
15 on or near a reservation and accredited by a na-  
16 tional or regional organization with accrediting au-  
17 thority.

18 “(2) The term ‘Area Office’ means an adminis-  
19 trative entity including a program office, within the  
20 Service through which services and funds are pro-  
21 vided to the Service Units within a defined geo-  
22 graphic area.

23 “(3) The term ‘California Indians’ shall mean  
24 those Indians who are eligible for health services of  
25 the Service pursuant to section 806.

1 “(4) The term ‘community college’ means—

2 “(A) a tribal college or university, or

3 “(B) a junior or community college.

4 “(5) The term ‘contract health service’ means  
5 health services provided at the expense of the Serv-  
6 ice or a Tribal Health Program by public or private  
7 medical providers or hospitals, other than the Serv-  
8 ice Unit or the Tribal Health Program at whose ex-  
9 pense the services are provided.

10 “(6) The term ‘Department’ means, unless oth-  
11 erwise designated, the Department of Health and  
12 Human Services.

13 “(7) The term ‘Director’ means the Director of  
14 the Indian Health Service.

15 “(8) The term ‘disease prevention’ means the  
16 reduction, limitation, and prevention of disease and  
17 its complications and reduction in the consequences  
18 of disease, including, but not limited to—

19 “(A) controlling—

20 “(i) development of diabetes;

21 “(ii) high blood pressure;

22 “(iii) infectious agents;

23 “(iv) injuries;

24 “(v) occupational hazards and disabil-  
25 ities;

1 “(vi) sexually transmittable diseases;  
2 and  
3 “(vii) toxic agents; and  
4 “(B) providing—  
5 “(i) fluoridation of water; and  
6 “(ii) immunizations.

7 “(9) The term ‘fund’ or ‘funding’ means the  
8 transfer of moneys from the Department to any eli-  
9 gible entity or individual under this Act by any legal  
10 means, including Funding Agreements, contracts,  
11 memoranda of understanding, contracts pursuant to  
12 section 23 of the Act of April 20, 1908 (25 U.S.C.  
13 47; popularly known as the ‘Buy Indian Act’), or  
14 otherwise.

15 “(10) The term ‘Funding Agreement’ means  
16 any agreement to transfer funds for the planning,  
17 conduct, and administration of programs, services,  
18 functions, and activities to Indian Tribes and Tribal  
19 Organizations from the Secretary under the Indian  
20 Self-Determination and Education Assistance Act.

21 “(11) The term ‘health profession’ means  
22 allopathic medicine, family medicine, internal medi-  
23 cine, pediatrics, geriatric medicine, obstetrics and  
24 gynecology, podiatric medicine, nursing, public  
25 health nursing, dentistry, psychiatry, osteopathy, op-

1 tometry, pharmacy, psychology, public health, social  
2 work, marriage and family therapy, chiropractic  
3 medicine, environmental health and engineering, al-  
4 lied health professions, and any other health profes-  
5 sion.

6 “(12) The term ‘health promotion’ means—

7 “(A) fostering social, economic, environ-  
8 mental, and personal factors conducive to  
9 health, including raising public awareness about  
10 health matters and enabling the people to cope  
11 with health problems by increasing their knowl-  
12 edge and providing them with valid information;

13 “(B) encouraging adequate and appro-  
14 priate diet, exercise, and sleep;

15 “(C) promoting education and work in con-  
16 formity with physical and mental capacity;

17 “(D) making available suitable housing,  
18 safe water, and sanitary facilities;

19 “(E) improving the physical, economic, cul-  
20 tural, psychological, and social environment;

21 “(F) promoting adequate opportunity for  
22 spiritual, religious, and Traditional Health Care  
23 Practices; and

24 “(G) providing adequate and appropriate  
25 programs, including, but not limited to—

- 1                   “(i) abuse prevention (mental and
- 2                   physical);
- 3                   “(ii) community health;
- 4                   “(iii) community safety;
- 5                   “(iv) consumer health education;
- 6                   “(v) diet and nutrition;
- 7                   “(vi) immunization and other preven-
- 8                   tion of communicable diseases, including
- 9                   HIV/AIDS;
- 10                  “(vii) environmental health;
- 11                  “(viii) exercise and physical fitness;
- 12                  “(ix) avoidance of fetal alcohol dis-
- 13                  orders;
- 14                  “(x) first aid and CPR education;
- 15                  “(xi) human growth and development;
- 16                  “(xii) injury prevention and personal
- 17                  safety;
- 18                  “(xiii) mental health;
- 19                  “(xiv) personal health and wellness
- 20                  practices;
- 21                  “(xv) personal capacity building;
- 22                  “(xvi) prenatal, pregnancy, and infant
- 23                  care;
- 24                  “(xvii) psychological well-being;

1 “(xviii) reproductive health and family  
2 planning;  
3 “(xix) safe and adequate water;  
4 “(xx) safe housing;  
5 “(xxi) safe work environments;  
6 “(xxii) stress control;  
7 “(xxiii) substance abuse;  
8 “(xxiv) sanitary facilities;  
9 “(xxv) tobacco use cessation and re-  
10 duction;  
11 “(xxvi) violence prevention; and  
12 “(xxvii) such other activities identified  
13 by the Service, a Tribal Health Program,  
14 or an Urban Indian Organization, to pro-  
15 mote achievement of any of the objectives  
16 described in section 3(2).  
17 “(13) The term ‘Indian’ shall have the meaning  
18 given that term in the Indian Self-Determination  
19 and Education Assistance Act.  
20 “(14) The term ‘Indian Health Program’ means  
21 the following—  
22 “(A) any health program administered di-  
23 rectly by the Service;  
24 “(B) any Tribal Health Program; or

1           “(C) any Indian Tribe or Tribal Organiza-  
2           tion to which the Secretary provides funding  
3           pursuant to section 23 of the Act of April 30,  
4           1908 (25 U.S.C. 47), popularly known as the  
5           ‘Buy Indian Act’.

6           “(15) The term ‘Indian Tribe’ shall have the  
7           meaning given that term in the Indian Self-Deter-  
8           mination and Education Assistance Act.

9           “(16) The term ‘junior or community college’  
10          has the meaning given to such term by section  
11          312(e) of the Higher Education Act of 1965 (20  
12          U.S.C. 1058(e)).

13          “(17) The term ‘reservation’ means any feder-  
14          ally recognized Indian Tribe’s reservation, Pueblo, or  
15          colony, including former reservations in Oklahoma,  
16          Indian allotments, and Alaska Native Regions estab-  
17          lished pursuant to the Alaska Native Claims Settle-  
18          ment Act (25 U.S.C. 1601 et seq.).

19          “(18) The term ‘Secretary’, unless otherwise  
20          designated, means the Secretary of Health and  
21          Human Services.

22          “(19) The term ‘Service’ means the Indian  
23          Health Service.

24          “(20) The term ‘Service Area’ means the geo-  
25          graphical area served by each Area Office.

1           “(21) The term ‘Service Unit’ means an admin-  
2           istrative entity of the Service, or a Tribal Health  
3           Program through which services are provided, di-  
4           rectly or by contract, to eligible Indians within a de-  
5           fined geographic area.

6           “(22) The term ‘Traditional Health Care Prac-  
7           tices’ means the application by Native healing prac-  
8           titioners of the Native healing sciences (as opposed  
9           or in contradistinction to Western healing sciences)  
10          which embody the influences or forces of innate  
11          Tribal discovery, history, description, explanation  
12          and knowledge of the states of wellness and illness  
13          and which call upon these influences or forces, in-  
14          cluding physical, mental, and spiritual forces in the  
15          promotion, restoration, preservation, and mainte-  
16          nance of health, well-being, and life’s harmony.

17          “(23) The term ‘tribal college or university’  
18          shall have the meaning given that term in section  
19          316(b)(3) of the Higher Education Act (20 U.S.C.  
20          1059c(b)(3)).

21          “(24) The term ‘Tribal Health Program’ means  
22          an Indian Tribe or Tribal Organization that oper-  
23          ates any health program, service, function, activity,  
24          or facility funded, in whole or part, by the Service  
25          through, or provided for in, a Funding Agreement



1 with the Service under the Indian Self-Determina-  
2 tion and Education Assistance Act.

3 “(25) The term ‘Tribal Organization’ shall have  
4 the meaning given that term in the Indian Self-De-  
5 termination and Education Assistance Act.

6 “(26) The term ‘Urban Center’ means any com-  
7 munity which has a sufficient Urban Indian popu-  
8 lation with unmet health needs to warrant assistance  
9 under title V, as determined by the Secretary.

10 “(27) The term ‘Urban Indian’ means any indi-  
11 vidual who resides in an Urban Center and who  
12 meets 1 or more of the following criteria:

13 “(A) Irrespective of whether the individual  
14 lives on or near a reservation, the individual is  
15 a member of a tribe, band, or other organized  
16 group of Indians, including those tribes, bands,  
17 or groups terminated since 1940 and those  
18 tribes, bands, or groups that are recognized by  
19 the States in which they reside, or who is a de-  
20 scendant in the first or second degree of any  
21 such member.

22 “(B) The individual is an Eskimo, Aleut,  
23 or other Alaskan Native.

1           “(C) The individual is considered by the  
2           Secretary of the Interior to be an Indian for  
3           any purpose.

4           “(D) The individual is determined to be an  
5           Indian under regulations promulgated by the  
6           Secretary.

7           “(28) The term ‘Urban Indian Organization’  
8           means a nonprofit corporate body that (A) is situ-  
9           ated in an Urban Center; (B) is governed by an  
10          Urban Indian-controlled board of directors; (C) pro-  
11          vides for the participation of all interested Indian  
12          groups and individuals; and (D) is capable of legally  
13          cooperating with other public and private entities for  
14          the purpose of performing the activities described in  
15          section 503(a).

16   **“TITLE       I—INDIAN       HEALTH,**  
17       **HUMAN RESOURCES, AND DE-**  
18       **VELOPMENT**

19   **“SEC. 101. PURPOSE.**

20          “The purpose of this title is to increase, to the max-  
21          imum extent feasible, the number of Indians entering the  
22          health professions and providing health services, and to  
23          assure an optimum supply of health professionals to the  
24          Indian Health Programs and Urban Indian Organizations  
25          involved in the provision of health services to Indians.

1   **“SEC. 102. HEALTH PROFESSIONS RECRUITMENT PROGRAM**  
2                   **FOR INDIANS.**

3           “(a) IN GENERAL.—The Secretary, acting through  
4 the Service, shall make funds available to public or non-  
5 profit private health entities or Tribal Health Programs  
6 to assist such entities in meeting the costs of—

7                   “(1) identifying Indians with a potential for  
8 education or training in the health professions and  
9 encouraging and assisting them—

10                           “(A) to enroll in courses of study in such  
11 health professions; or

12                           “(B) if they are not qualified to enroll in  
13 any such courses of study, to undertake such  
14 postsecondary education or training as may be  
15 required to qualify them for enrollment;

16                   “(2) publicizing existing sources of financial aid  
17 available to Indians enrolled in any course of study  
18 referred to in paragraph (1) or who are undertaking  
19 training necessary to qualify them to enroll in any  
20 such course of study; or

21                   “(3) establishing other programs which the Sec-  
22 retary determines will enhance and facilitate the en-  
23 rollment of Indians in, and the subsequent pursuit  
24 and completion by them of, courses of study referred  
25 to in paragraph (1).

26           “(b) FUNDING.—

1           “(1) APPLICATION.—Funds under this section  
2       shall require that an application has been submitted  
3       to, and approved by, the Secretary. Such application  
4       shall be in such form, submitted in such manner,  
5       and contain such information, as the Secretary shall  
6       by regulation prescribe pursuant to this Act. The  
7       Secretary shall give a preference to applications sub-  
8       mitted by Tribal Health Programs or Urban Indian  
9       Organizations.

10          “(2) AMOUNT OF FUNDS; PAYMENT.—The  
11       amount of funds provided to entities under this sec-  
12       tion shall be determined by the Secretary. Payments  
13       pursuant to this section may be made in advance or  
14       by way of reimbursement, and at such intervals and  
15       on such conditions as provided for in regulations  
16       issued pursuant to this Act. To the extent not other-  
17       wise prohibited by law, funding commitments shall  
18       be for 3 years, as provided in regulations published  
19       pursuant to this Act.

20          “(c) DEFINITION OF INDIAN.—For purposes of this  
21       section and sections 103 and 104, the term ‘Indian’ shall,  
22       in addition to the meaning given that term in section 4,  
23       also mean any individual who is an Urban Indian.

1 **“SEC. 103. HEALTH PROFESSIONS PREPARATORY SCHOL-**  
2 **ARSHIP PROGRAM FOR INDIANS.**

3 “(a) SCHOLARSHIPS AUTHORIZED.—The Secretary,  
4 acting through the Service, shall provide scholarships to  
5 Indians who—

6 “(1) have successfully completed their high  
7 school education or high school equivalency; and

8 “(2) have demonstrated the potential to suc-  
9 cessfully complete courses of study in the health pro-  
10 fessions.

11 “(b) PURPOSES.—Scholarships provided pursuant to  
12 this section shall be for the following purposes:

13 “(1) Compensatory preprofessional education of  
14 any recipient, such scholarship not to exceed 2 years  
15 on a full-time basis (or the part-time equivalent  
16 thereof, as determined by the Secretary pursuant to  
17 regulations issued under this Act).

18 “(2) Pregraduate education of any recipient  
19 leading to a baccalaureate degree in an approved  
20 course of study preparatory to a field of study in a  
21 health profession, such scholarship not to exceed 4  
22 years. An extension of up to 2 years (or the part-  
23 time equivalent thereof, as determined by the Sec-  
24 retary pursuant to regulations issued pursuant to  
25 this Act) may be approved.

1       “(c) OTHER CONDITIONS.—Scholarships under this  
2 section—

3               “(1) may cover costs of tuition, books, trans-  
4 portation, board, and other necessary related ex-  
5 penses of a recipient while attending school;

6               “(2) shall not be denied solely on the basis of  
7 the applicant’s scholastic achievement if such appli-  
8 cant has been admitted to, or maintained good  
9 standing at, an accredited institution; and

10              “(3) shall not be denied solely by reason of such  
11 applicant’s eligibility for assistance or benefits under  
12 any other Federal program.

13 **“SEC. 104. INDIAN HEALTH PROFESSIONS SCHOLARSHIPS.**

14       “(a) IN GENERAL.—

15              “(1) AUTHORITY.—The Secretary, acting  
16 through the Service, shall make scholarships to Indi-  
17 ans who are enrolled full or part time in accredited  
18 schools pursuing courses of study in the health pro-  
19 fessions. Such scholarships shall be designated In-  
20 dian Health Scholarships and shall be made in ac-  
21 cordance with section 338A of the Public Health  
22 Services Act (42 U.S.C. 2541), except as provided in  
23 subsection (b) of this section.

24              “(2) ALLOCATION BY FORMULA.—Except as  
25 provided in paragraph (3), the funding authorized

1 by this section shall be allocated by Service Area by  
2 a formula developed in consultation with Indian  
3 Tribes, Tribal Organizations, and Urban Indian Or-  
4 ganizations. Such formula shall consider the human  
5 resource development needs in each Service Area.

6 “(3) CONTINUITY OF PRIOR SCHOLARSHIPS.—  
7 Paragraph (2) shall not apply with respect to indi-  
8 vidual recipients of scholarships provided under this  
9 section (as in effect 1 day prior to the date of the  
10 enactment of the Indian Health Care Improvement  
11 Act Amendments of 2003) until such time as the in-  
12 dividual completes the course of study that is sup-  
13 ported through such scholarship.

14 “(4) CERTAIN DELEGATION NOT ALLOWED.—  
15 The administration of this section shall be a respon-  
16 sibility of the Director and shall not be delegated in  
17 a Funding Agreement.

18 “(b) ACTIVE DUTY SERVICE OBLIGATION.—

19 “(1) OBLIGATION MET.—The active duty serv-  
20 ice obligation under a written contract with the Sec-  
21 retary under section 338A of the Public Health  
22 Service Act (42 U.S.C. 254l) that an Indian has en-  
23 tered into under that section shall, if that individual  
24 is a recipient of an Indian Health Scholarship, be  
25 met in full-time practice on an equivalent year-for-

1 year obligation, by service in one or more of the fol-  
2 lowing:

3 “(A) In an Indian Health Program.

4 “(B) In a program assisted under title V.

5 “(C) In the private practice of the applica-  
6 ble profession if, as determined by the Sec-  
7 retary, in accordance with guidelines promul-  
8 gated by the Secretary, such practice is situated  
9 in a physician or other health professional  
10 shortage area and addresses the health care  
11 needs of a substantial number of Indians.

12 “(2) OBLIGATION DEFERRED.—At the request  
13 of any individual who has entered into a contract re-  
14 ferred to in paragraph (1) and who receives a degree  
15 in medicine (including osteopathic or allopathic med-  
16 icine), dentistry, optometry, podiatry, or pharmacy,  
17 the Secretary shall defer the active duty service obli-  
18 gation of that individual under that contract, in  
19 order that such individual may complete any intern-  
20 ship, residency, or other advanced clinical training  
21 that is required for the practice of that health pro-  
22 fession, for an appropriate period (in years, as deter-  
23 mined by the Secretary), subject to the following  
24 conditions:



1           “(A) No period of internship, residency, or  
2           other advanced clinical training shall be counted  
3           as satisfying any period of obligated service  
4           under this subsection.

5           “(B) The active duty service obligation of  
6           that individual shall commence not later than  
7           90 days after the completion of that advanced  
8           clinical training (or by a date specified by the  
9           Secretary).

10          “(C) The active duty service obligation will  
11          be served in the health profession of that indi-  
12          vidual in a manner consistent with paragraph  
13          (1).

14          “(D) A recipient of a scholarship under  
15          this section may, at the election of the recipient,  
16          meet the active duty service obligation described  
17          in paragraph (1) by service in a program speci-  
18          fied under that paragraph that—

19                 “(i) is located on the reservation of  
20                 the Indian Tribe in which the recipient is  
21                 enrolled; or

22                 “(ii) serves the Indian Tribe in which  
23                 the recipient is enrolled.

24          “(3) PRIORITY WHEN MAKING ASSIGNMENTS.—  
25          Subject to paragraph (2), the Secretary, in making

1 assignments of Indian Health Scholarship recipients  
2 required to meet the active duty service obligation  
3 described in paragraph (1), shall give priority to as-  
4 signing individuals to service in those programs  
5 specified in paragraph (1) that have a need for  
6 health professionals to provide health care services  
7 as a result of individuals having breached contracts  
8 entered into under this section.

9 “(c) PART-TIME STUDENTS.—In the case of an indi-  
10 vidual receiving a scholarship under this section who is  
11 enrolled part time in an approved course of study—

12 “(1) such scholarship shall be for a period of  
13 years not to exceed the part-time equivalent of 4  
14 years, as determined by the Area Office;

15 “(2) the period of obligated service described in  
16 subsection (b)(1) shall be equal to the greater of—

17 “(A) the part-time equivalent of 1 year for  
18 each year for which the individual was provided  
19 a scholarship (as determined by the Area Of-  
20 fice); or

21 “(B) 2 years; and

22 “(3) the amount of the monthly stipend speci-  
23 fied in section 338A(g)(1)(B) of the Public Health  
24 Service Act (42 U.S.C. 254l(g)(1)(B)) shall be re-  
25 duced pro rata (as determined by the Secretary)

1 based on the number of hours such student is en-  
2 rolled.

3 “(d) BREACH OF CONTRACT.—

4 “(1) SPECIFIED BREACHES.—An individual  
5 shall be liable to the United States for the amount  
6 which has been paid to the individual, or on behalf  
7 of the individual, under a contract entered into with  
8 the Secretary under this section on or after the date  
9 of the enactment of the Indian Health Care Im-  
10 provement Act Amendments of 2003 if that indi-  
11 vidual—

12 “(A) fails to maintain an acceptable level  
13 of academic standing in the educational institu-  
14 tion in which he or she is enrolled (such level  
15 determined by the educational institution under  
16 regulations of the Secretary);

17 “(B) is dismissed from such educational  
18 institution for disciplinary reasons;

19 “(C) voluntarily terminates the training in  
20 such an educational institution for which he or  
21 she is provided a scholarship under such con-  
22 tract before the completion of such training; or

23 “(D) fails to accept payment, or instructs  
24 the educational institution in which he or she is  
25 enrolled not to accept payment, in whole or in

1 part, of a scholarship under such contract, in  
2 lieu of any service obligation arising under such  
3 contract.

4 “(2) OTHER BREACHES.—If for any reason not  
5 specified in paragraph (1) an individual breaches a  
6 written contract by failing either to begin such indi-  
7 vidual’s service obligation required under such con-  
8 tract or to complete such service obligation, the  
9 United States shall be entitled to recover from the  
10 individual an amount determined in accordance with  
11 the formula specified in subsection (l) of section 110  
12 in the manner provided for in such subsection.

13 “(3) CANCELLATION UPON DEATH OF RECIPI-  
14 ENT.—Upon the death of an individual who receives  
15 an Indian Health Scholarship, any outstanding obli-  
16 gation of that individual for service or payment that  
17 relates to that scholarship shall be canceled.

18 “(4) WAIVERS AND SUSPENSIONS.—The Sec-  
19 retary shall provide for the partial or total waiver or  
20 suspension of any obligation of service or payment of  
21 a recipient of an Indian Health Scholarship if the  
22 Secretary, in consultation with the Area Office, In-  
23 dian Tribes, Tribal Organizations, and Urban Indian  
24 Organizations, determines that—

1           “(A) it is not possible for the recipient to  
2           meet that obligation or make that payment;

3           “(B) requiring that recipient to meet that  
4           obligation or make that payment would result  
5           in extreme hardship to the recipient; or

6           “(C) the enforcement of the requirement to  
7           meet the obligation or make the payment would  
8           be unconscionable.

9           “(5) EXTREME HARDSHIP.—Notwithstanding  
10          any other provision of law, in any case of extreme  
11          hardship or for other good cause shown, the Sec-  
12          retary may waive, in whole or in part, the right of  
13          the United States to recover funds made available  
14          under this section.

15          “(6) BANKRUPTCY.—Notwithstanding any  
16          other provision of law, with respect to a recipient of  
17          an Indian Health Scholarship, no obligation for pay-  
18          ment may be released by a discharge in bankruptcy  
19          under title 11, United States Code, unless that dis-  
20          charge is granted after the expiration of the 5-year  
21          period beginning on the initial date on which that  
22          payment is due, and only if the bankruptcy court  
23          finds that the nondischarge of the obligation would  
24          be unconscionable.

1   **“SEC. 105. AMERICAN INDIANS INTO PSYCHOLOGY PRO-**  
2                   **GRAM.**

3           “(a) GRANTS AUTHORIZED.—The Secretary, acting  
4 through the Service, shall provide funding grants to at  
5 least 3 colleges and universities for the purpose of devel-  
6 oping and maintaining Indian psychology career recruit-  
7 ment programs as a means of encouraging Indians to  
8 enter the mental health field. These programs shall be lo-  
9 cated at various locations throughout the country to maxi-  
10 mize their availability to Indian students and new pro-  
11 grams shall be established in different locations from time  
12 to time.

13          “(b) QUENTIN N. BURDICK PROGRAM GRANT.—The  
14 Secretary shall provide a grant authorized under sub-  
15 section (a) to develop and maintain a program at the Uni-  
16 versity of North Dakota to be known as the ‘Quentin N.  
17 Burdick American Indians Into Psychology Program’.  
18 Such program shall, to the maximum extent feasible, co-  
19 ordinate with the Quentin N. Burdick Indian Health Pro-  
20 grams authorized under section 117(b), the Quentin N.  
21 Burdick American Indians Into Nursing Program author-  
22 ized under section 115(e), and existing university research  
23 and communications networks.

24          “(c) REGULATIONS.—The Secretary shall issue regu-  
25 lations pursuant to this Act for the competitive awarding  
26 of funds provided under this section.

1       “(d) CONDITIONS OF GRANT.—Applicants under this  
2 section shall agree to provide a program which, at a min-  
3 imum—

4           “(1) provides outreach and recruitment for  
5 health professions to Indian communities including  
6 elementary, secondary, and accredited and accessible  
7 community colleges that will be served by the pro-  
8 gram;

9           “(2) incorporates a program advisory board  
10 comprised of representatives from the tribes and  
11 communities that will be served by the program;

12           “(3) provides summer enrichment programs to  
13 expose Indian students to the various fields of psy-  
14 chology through research, clinical, and experimental  
15 activities;

16           “(4) provides stipends to undergraduate and  
17 graduate students to pursue a career in psychology;

18           “(5) develops affiliation agreements with tribal  
19 colleges and universities, the Service, university af-  
20 filiated programs, and other appropriate accredited  
21 and accessible entities to enhance the education of  
22 Indian students;

23           “(6) to the maximum extent feasible, uses exist-  
24 ing university tutoring, counseling, and student sup-  
25 port services; and

1           “(7) to the maximum extent feasible, employs  
2           qualified Indians in the program.

3           “(e) ACTIVE DUTY SERVICE REQUIREMENT.—The  
4           active duty service obligation prescribed under section  
5           338C of the Public Health Service Act (42 U.S.C. 254m)  
6           shall be met by each graduate who receives a stipend de-  
7           scribed in subsection (d)(4) that is funded under this sec-  
8           tion. Such obligation shall be met by service—

9           “(1) in an Indian Health Program;

10          “(2) in a program assisted under title V; or

11          “(3) in the private practice of psychology if, as  
12          determined by the Secretary, in accordance with  
13          guidelines promulgated by the Secretary, such prac-  
14          tice is situated in a physician or other health profes-  
15          sional shortage area and addresses the health care  
16          needs of a substantial number of Indians.

17   **“SEC. 106. FUNDING FOR TRIBES FOR SCHOLARSHIP PRO-**  
18                           **GRAMS.**

19          “(a) IN GENERAL.—

20          “(1) FUNDING AUTHORIZED.—The Secretary,  
21          acting through the Service, shall make funds avail-  
22          able to Tribal Health Programs for the purpose of  
23          assisting such Tribal Health Programs in educating  
24          Indians to serve as health professionals in Indian  
25          communities.



1           “(2) AMOUNT.—Amounts available under para-  
2           graph (1) for any fiscal year shall not exceed 5 per-  
3           cent of the amounts available for each fiscal year for  
4           Indian Health Scholarships under section 104.

5           “(3) APPLICATION.—An application for funds  
6           under paragraph (1) shall be in such form and con-  
7           tain such agreements, assurances, and information  
8           as consistent with this section.

9           “(b) REQUIREMENTS.—

10           “(1) IN GENERAL.—A Tribal Health Program  
11           receiving funds under subsection (a) shall provide  
12           scholarships to Indians in accordance with the re-  
13           quirements of this section.

14           “(2) COSTS.—With respect to costs of providing  
15           any scholarship pursuant to subsection (a)—

16           “(A) 80 percent of the costs of the scholar-  
17           ship shall be paid from the funds made avail-  
18           able pursuant to subsection (a)(1) provided to  
19           the Tribal Health Program; and

20           “(B) 20 percent of such costs may be paid  
21           from any other source of funds.

22           “(c) COURSE OF STUDY.—A Tribal Health Program  
23           shall provide scholarships under this section only to Indi-  
24           ans enrolled or accepted for enrollment in a course of

1 study (approved by the Secretary) in one of the health pro-  
2 fessions contemplated by this Act.

3 “(d) CONTRACT.—In providing scholarships under  
4 subsection (b), the Secretary and the Tribal Health Pro-  
5 gram shall enter into a written contract with each recipi-  
6 ent of such scholarship. Such contract shall—

7 “(1) obligate such recipient to provide service in  
8 an Indian Health Program or Urban Indian Organi-  
9 zation, in the same Service Area where the Tribal  
10 Health Program providing the scholarship is located,  
11 for—

12 “(A) a number of years for which the  
13 scholarship is provided (or the part-time equiva-  
14 lent thereof, as determined by the Secretary),  
15 or for a period of 2 years, whichever period is  
16 greater; or

17 “(B) such greater period of time as the re-  
18 cipient and the Tribal Health Program may  
19 agree;

20 “(2) provide that the amount of the scholar-  
21 ship—

22 “(A) may only be expended for—

23 “(i) tuition expenses, other reasonable  
24 educational expenses, and reasonable living

1 expenses incurred in attendance at the  
2 educational institution; and

3 “(ii) payment to the recipient of a  
4 monthly stipend of not more than the  
5 amount authorized by section 338(g)(1)(B)  
6 of the Public Health Service Act (42  
7 U.S.C. 254m(g)(1)(B)), such amount to be  
8 reduced pro rata (as determined by the  
9 Secretary) based on the number of hours  
10 such student is enrolled; and may not ex-  
11 ceed, for any year of attendance for which  
12 the scholarship is provided, the total  
13 amount required for the year for the pur-  
14 poses authorized in this clause; and

15 “(B) may not exceed, for any year of at-  
16 tendance for which the scholarship is provided,  
17 the total amount required for the year for the  
18 purposes authorized in subparagraph (A);

19 “(3) require the recipient of such scholarship to  
20 maintain an acceptable level of academic standing as  
21 determined by the educational institution in accord-  
22 ance with regulations issued pursuant to this Act;  
23 and

1           “(4) require the recipient of such scholarship to  
2           meet the educational and licensure requirements ap-  
3           propriate to each health profession.

4           “(e) BREACH OF CONTRACT.—

5           “(1) SPECIFIC BREACHES.—An individual who  
6           has entered into a written contract with the Sec-  
7           retary and a Tribal Health Program under sub-  
8           section (d) shall be liable to the United States for  
9           the Federal share of the amount which has been  
10          paid to him or her, or on his or her behalf, under  
11          the contract if that individual—

12               “(A) fails to maintain an acceptable level  
13               of academic standing in the educational institu-  
14               tion in which he or she is enrolled (such level  
15               as determined by the educational institution  
16               under regulations of the Secretary);

17               “(B) is dismissed from such educational  
18               institution for disciplinary reasons;

19               “(C) voluntarily terminates the training in  
20               such an educational institution for which he or  
21               she is provided a scholarship under such con-  
22               tract before the completion of such training; or

23               “(D) fails to accept payment, or instructs  
24               the educational institution in which he or she is  
25               enrolled not to accept payment, in whole or in

1 part, of a scholarship under such contract, in  
2 lieu of any service obligation arising under such  
3 contract.

4 “(2) OTHER BREACHES.—If for any reason not  
5 specified in paragraph (1), an individual breaches a  
6 written contract by failing to either begin such indi-  
7 vidual’s service obligation required under such con-  
8 tract or to complete such service obligation, the  
9 United States shall be entitled to recover from the  
10 individual an amount determined in accordance with  
11 the formula specified in subsection (l) of section 110  
12 in the manner provided for in such subsection.

13 “(3) CANCELLATION UPON DEATH OF RECIPI-  
14 ENT.—Upon the death of an individual who receives  
15 an Indian Health Scholarship, any outstanding obli-  
16 gation of that individual for service or payment that  
17 relates to that scholarship shall be canceled.

18 “(4) INFORMATION.—The Secretary may carry  
19 out this subsection on the basis of information re-  
20 ceived from Tribal Health Programs involved or on  
21 the basis of information collected through such other  
22 means as the Secretary deems appropriate.

23 “(f) RELATION TO SOCIAL SECURITY ACT.—The re-  
24 cipient of a scholarship under this section shall agree, in

1 providing health care pursuant to the requirements here-  
2 in—

3 “(1) not to discriminate against an individual  
4 seeking care on the basis of the ability of the indi-  
5 vidual to pay for such care or on the basis that pay-  
6 ment for such care will be made pursuant to a pro-  
7 gram established in title XVIII of the Social Secu-  
8 rity Act or pursuant to the programs established in  
9 title XIX or title XXI of such Act; and

10 “(2) to accept assignment under section  
11 1842(b)(3)(B)(ii) of the Social Security Act for all  
12 services for which payment may be made under part  
13 B of title XVIII of such Act, and to enter into an  
14 appropriate agreement with the State agency that  
15 administers the State plan for medical assistance  
16 under title XIX, or the State child health plan under  
17 title XXI, of such Act to provide service to individ-  
18 uals entitled to medical assistance or child health as-  
19 sistance, respectively, under the plan.

20 “(g) CONTINUANCE OF FUNDING.—The Secretary  
21 shall make payments under this section to a Tribal Health  
22 Program for any fiscal year subsequent to the first fiscal  
23 year of such payments unless the Secretary determines  
24 that, for the immediately preceding fiscal year, the Tribal

1 Health Program has not complied with the requirements  
2 of this section.

3 **“SEC. 107. INDIAN HEALTH SERVICE EXTERN PROGRAMS.**

4       “(a) EMPLOYMENT PREFERENCE.—Any individual  
5 who receives a scholarship pursuant to sections 104 or 106  
6 shall be given preference for employment in the Service,  
7 or may be employed by a Tribal Health Program or an  
8 Urban Indian Organization, or other agencies of the De-  
9 partment as available, during any nonacademic period of  
10 the year.

11       “(b) NOT COUNTED TOWARD ACTIVE DUTY SERVICE  
12 OBLIGATION.—Periods of employment pursuant to this  
13 subsection shall not be counted in determining fulfillment  
14 of the service obligation incurred as a condition of the  
15 scholarship.

16       “(c) TIMING; LENGTH OF EMPLOYMENT.—Any indi-  
17 vidual enrolled in a program, including a high school pro-  
18 gram, authorized under section 102(a) may be employed  
19 by the Service or by a Tribal Health Program or an Urban  
20 Indian Organization during any nonacademic period of the  
21 year. Any such employment shall not exceed 120 days dur-  
22 ing any calendar year.

23       “(d) NONAPPLICABILITY OF COMPETITIVE PER-  
24 SONNEL SYSTEM.—Any employment pursuant to this sec-  
25 tion shall be made without regard to any competitive per-

1 sonnel system or agency personnel limitation and to a po-  
2 sition which will enable the individual so employed to re-  
3 ceive practical experience in the health profession in which  
4 he or she is engaged in study. Any individual so employed  
5 shall receive payment for his or her services comparable  
6 to the salary he or she would receive if he or she were  
7 employed in the competitive system. Any individual so em-  
8 ployed shall not be counted against any employment ceil-  
9 ing affecting the Service or the Department.

10 **“SEC. 108. CONTINUING EDUCATION ALLOWANCES.**

11       “In order to encourage health professionals, including  
12 community health representatives and emergency medical  
13 technicians, to join or continue in an Indian Health Pro-  
14 gram or an Urban Indian Organization and to provide  
15 their services in the rural and remote areas where a sig-  
16 nificant portion of Indians reside, the Secretary, acting  
17 through the Service Area, may provide allowances to  
18 health professionals employed in an Indian Health Pro-  
19 gram or an Urban Indian Organization to enable them  
20 for a period of time each year prescribed by regulation  
21 of the Secretary to take leave of their duty stations for  
22 professional consultation and refresher training courses.



1   **“SEC. 109. COMMUNITY HEALTH REPRESENTATIVE PRO-**  
2                   **GRAM.**

3           “(a) IN GENERAL.—Under the authority of the Act  
4 of November 2, 1921 (25 U.S.C. 13; popularly known as  
5 the Snyder Act), the Secretary, acting through the Serv-  
6 ice, shall maintain a Community Health Representative  
7 Program under which Indian Health Programs—

8                   “(1) provide for the training of Indians as com-  
9           munity health representatives; and

10                   “(2) use such community health representatives  
11           in the provision of health care, health promotion,  
12           and disease prevention services to Indian commu-  
13           nities.

14           “(b) DUTIES.—The Community Health Representa-  
15 tive Program of the Service, shall—

16                   “(1) provide a high standard of training for  
17           community health representatives to ensure that the  
18           community health representatives provide quality  
19           health care, health promotion, and disease preven-  
20           tion services to the Indian communities served by  
21           the Program;

22                   “(2) in order to provide such training, develop  
23           and maintain a curriculum that—

24                           “(A) combines education in the theory of  
25                   health care with supervised practical experience  
26                   in the provision of health care; and

1           “(B) provides instruction and practical ex-  
2           perience in health promotion and disease pre-  
3           vention activities, with appropriate consider-  
4           ation given to lifestyle factors that have an im-  
5           pact on Indian health status, such as alco-  
6           holism, family dysfunction, and poverty;

7           “(3) maintain a system which identifies the  
8           needs of community health representatives for con-  
9           tinuing education in health care, health promotion,  
10          and disease prevention and develop programs that  
11          meet the needs for continuing education;

12          “(4) maintain a system that provides close su-  
13          pervision of Community Health Representatives;

14          “(5) maintain a system under which the work  
15          of Community Health Representatives is reviewed  
16          and evaluated; and

17          “(6) promote Traditional Health Care Practices  
18          of the Indian Tribes served consistent with the Serv-  
19          ice standards for the provision of health care, health  
20          promotion, and disease prevention.

21   **“SEC. 110. INDIAN HEALTH SERVICE LOAN REPAYMENT**  
22               **PROGRAM.**

23          “(a) ESTABLISHMENT.—The Secretary, acting  
24          through the Service, shall establish and administer a pro-  
25          gram to be known as the Service Loan Repayment Pro-

1 gram (hereinafter referred to as the ‘Loan Repayment  
 2 Program’) in order to ensure an adequate supply of  
 3 trained health professionals necessary to maintain accredi-  
 4 tation of, and provide health care services to Indians  
 5 through, Indian Health Programs and Urban Indian Or-  
 6 ganizations.

7 “(b) ELIGIBLE INDIVIDUALS.—To be eligible to par-  
 8 ticipate in the Loan Repayment Program, an individual  
 9 must—

10 “(1)(A) be enrolled—

11 “(i) in a course of study or program in an  
 12 accredited educational institution (as deter-  
 13 mined by the Secretary under section  
 14 338B(b)(1)(c)(i) of the Public Health Service  
 15 Act (42 U.S.C. 254l–1(b)(1)(c)(i))) and be  
 16 scheduled to complete such course of study in  
 17 the same year such individual applies to partici-  
 18 pate in such program; or

19 “(ii) in an approved graduate training pro-  
 20 gram in a health profession; or

21 “(B) have—

22 “(i) a degree in a health profession; and

23 “(ii) a license to practice a health profes-  
 24 sion;

1           “(2)(A) be eligible for, or hold, an appointment  
2           as a commissioned officer in the Regular or Reserve  
3           Corps of the Public Health Service;

4           “(B) be eligible for selection for civilian service  
5           in the Regular or Reserve Corps of the Public  
6           Health Service;

7           “(C) meet the professional standards for civil  
8           service employment in the Service; or

9           “(D) be employed in an Indian Health Program  
10          or Urban Indian Organization without a service obli-  
11          gation; and

12          “(3) submit to the Secretary an application for  
13          a contract described in subsection (e).

14          “(c) APPLICATION.—

15          “(1) INFORMATION TO BE INCLUDED WITH  
16          FORMS.—In disseminating application forms and  
17          contract forms to individuals desiring to participate  
18          in the Loan Repayment Program, the Secretary  
19          shall include with such forms a fair summary of the  
20          rights and liabilities of an individual whose applica-  
21          tion is approved (and whose contract is accepted) by  
22          the Secretary, including in the summary a clear ex-  
23          planation of the damages to which the United States  
24          is entitled under subsection (l) in the case of the in-  
25          dividual’s breach of contract. The Secretary shall

1 provide such individuals with sufficient information  
2 regarding the advantages and disadvantages of serv-  
3 ice as a commissioned officer in the Regular or Re-  
4 serve Corps of the Public Health Service or a civil-  
5 ian employee of the Service to enable the individual  
6 to make a decision on an informed basis.

7 “(2) CLEAR LANGUAGE.—The application form,  
8 contract form, and all other information furnished  
9 by the Secretary under this section shall be written  
10 in a manner calculated to be understood by the aver-  
11 age individual applying to participate in the Loan  
12 Repayment Program.

13 “(3) TIMELY AVAILABILITY OF FORMS.—The  
14 Secretary shall make such application forms, con-  
15 tract forms, and other information available to indi-  
16 viduals desiring to participate in the Loan Repay-  
17 ment Program on a date sufficiently early to ensure  
18 that such individuals have adequate time to carefully  
19 review and evaluate such forms and information.

20 “(d) PRIORITIES.—

21 “(1) LIST.—Consistent with subsection (k), the  
22 Secretary shall annually—

23 “(A) identify the positions in each Indian  
24 Health Program or Urban Indian Organization  
25 for which there is a need or a vacancy; and

1                   “(B) rank those positions in order of pri-  
2                   ority.

3                   “(2) APPROVALS.—Notwithstanding the pri-  
4                   ority determined under paragraph (1), the Secretary,  
5                   in determining which applications under the Loan  
6                   Repayment Program to approve (and which con-  
7                   tracts to accept), shall—

8                   “(A) give first priority to applications  
9                   made by individual Indians; and

10                  “(B) after making determinations on all  
11                  applications submitted by individual Indians as  
12                  required under subparagraph (A), give priority  
13                  to—

14                         “(i) individuals recruited through the  
15                         efforts of a Tribal Health Program or  
16                         Urban Indian Organization; and

17                         “(ii) other individuals based on the  
18                         priority rankings under paragraph (1).

19                   “(e) RECIPIENT CONTRACTS.—

20                   “(1) CONTRACT REQUIRED.—An individual be-  
21                   comes a participant in the Loan Repayment Pro-  
22                   gram only upon the Secretary and the individual en-  
23                   tering into a written contract described in paragraph  
24                   (2).

1           “(2) CONTENTS OF CONTRACT.—The written  
2       contract referred to in this section between the Sec-  
3       retary and an individual shall contain—

4                   “(A) an agreement under which—

5                           “(i) subject to subparagraph (C), the  
6       Secretary agrees—

7                                   “(I) to pay loans on behalf of the  
8       individual in accordance with the pro-  
9       visions of this section; and

10                                   “(II) to accept (subject to the  
11       availability of appropriated funds for  
12       carrying out this section) the indi-  
13       vidual into the Service or place the in-  
14       dividual with a Tribal Health Pro-  
15       gram or Urban Indian Organization  
16       as provided in clause (ii)(III); and

17                                   “(ii) subject to subparagraph (C), the  
18       individual agrees—

19                                   “(I) to accept loan payments on  
20       behalf of the individual;

21                                   “(II) in the case of an individual  
22       described in subsection (b)(1)—

23   “(aa) to maintain enrollment  
24       in a course of study or training  
25       described in subsection (b)(1)(A)

1 until the individual completes the  
2 course of study or training; and

3 “(bb) while enrolled in such  
4 course of study or training, to  
5 maintain an acceptable level of  
6 academic standing (as deter-  
7 mined under regulations of the  
8 Secretary by the educational in-  
9 stitution offering such course of  
10 study or training); and

11 “(III) to serve for a time period  
12 (hereinafter in this section referred to  
13 as the ‘period of obligated service’)  
14 equal to 2 years or such longer period  
15 as the individual may agree to serve  
16 in the full-time clinical practice of  
17 such individual’s profession in an In-  
18 dian Health Program or Urban In-  
19 dian Organization to which the indi-  
20 vidual may be assigned by the Sec-  
21 retary;

22 “(B) a provision permitting the Secretary  
23 to extend for such longer additional periods, as  
24 the individual may agree to, the period of obli-



1           gated service agreed to by the individual under  
2           subparagraph (A)(ii)(III);

3           “(C) a provision that any financial obliga-  
4           tion of the United States arising out of a con-  
5           tract entered into under this section and any  
6           obligation of the individual which is conditioned  
7           thereon is contingent upon funds being appro-  
8           priated for loan repayments under this section;

9           “(D) a statement of the damages to which  
10          the United States is entitled under subsection  
11          (l) for the individual’s breach of the contract;  
12          and

13          “(E) such other statements of the rights  
14          and liabilities of the Secretary and of the indi-  
15          vidual, not inconsistent with this section.

16          “(f) DEADLINE FOR DECISION ON APPLICATION.—  
17          The Secretary shall provide written notice to an individual  
18          within 21 days on—

19               “(1) the Secretary’s approving, under sub-  
20               section (e)(1), of the individual’s participation in the  
21               Loan Repayment Program, including extensions re-  
22               sulting in an aggregate period of obligated service in  
23               excess of 4 years; or

24               “(2) the Secretary’s disapproving an individ-  
25               ual’s participation in such Program.

1 “(g) PAYMENTS.—

2 “(1) IN GENERAL.—A loan repayment provided  
3 for an individual under a written contract under the  
4 Loan Repayment Program shall consist of payment,  
5 in accordance with paragraph (2), on behalf of the  
6 individual of the principal, interest, and related ex-  
7 penses on government and commercial loans received  
8 by the individual regarding the undergraduate or  
9 graduate education of the individual (or both), which  
10 loans were made for—

11 “(A) tuition expenses;

12 “(B) all other reasonable educational ex-  
13 penses, including fees, books, and laboratory ex-  
14 penses, incurred by the individual; and

15 “(C) reasonable living expenses as deter-  
16 mined by the Secretary.

17 “(2) AMOUNT.—For each year of obligated  
18 service that an individual contracts to serve under  
19 subsection (e), the Secretary may pay up to \$35,000  
20 or an amount equal to the amount specified in sec-  
21 tion 338B(g)(2)(A) of the Public Health Service  
22 Act, whichever is more, on behalf of the individual  
23 for loans described in paragraph (1). In making a  
24 determination of the amount to pay for a year of  
25 such service by an individual, the Secretary shall

1 consider the extent to which each such determina-  
2 tion—

3 “(A) affects the ability of the Secretary to  
4 maximize the number of contracts that can be  
5 provided under the Loan Repayment Program  
6 from the amounts appropriated for such con-  
7 tracts;

8 “(B) provides an incentive to serve in In-  
9 dian Health Programs and Urban Indian Orga-  
10 nizations with the greatest shortages of health  
11 professionals; and

12 “(C) provides an incentive with respect to  
13 the health professional involved remaining in an  
14 Indian Health Program or Urban Indian Orga-  
15 nization with such a health professional short-  
16 age, and continuing to provide primary health  
17 services, after the completion of the period of  
18 obligated service under the Loan Repayment  
19 Program.

20 “(3) TIMING.—Any arrangement made by the  
21 Secretary for the making of loan repayments in ac-  
22 cordance with this subsection shall provide that any  
23 repayments for a year of obligated service shall be  
24 made no later than the end of the fiscal year in  
25 which the individual completes such year of service.

1           “(4) PAYMENT SCHEDULE.—The Secretary  
2           may enter into an agreement with the holder of any  
3           loan for which payments are made under the Loan  
4           Repayment Program to establish a schedule for the  
5           making of such payments.

6           “(h) EMPLOYMENT CEILING.—Notwithstanding any  
7           other provision of law, individuals who have entered into  
8           written contracts with the Secretary under this section  
9           shall not be counted against any employment ceiling af-  
10          fecting the Department while those individuals are under-  
11          going academic training.

12          “(i) RECRUITMENT.—The Secretary shall conduct re-  
13          cruiting programs for the Loan Repayment Program and  
14          other Service manpower programs of the Service at edu-  
15          cational institutions training health professionals or spe-  
16          cialists identified in subsection (a).

17          “(j) APPLICABILITY OF LAW.—Section 214 of the  
18          Public Health Service Act (42 U.S.C. 215) shall not apply  
19          to individuals during their period of obligated service  
20          under the Loan Repayment Program.

21          “(k) ASSIGNMENT OF INDIVIDUALS.—The Secretary,  
22          in assigning individuals to serve in Indian Health Pro-  
23          grams or Urban Indian Organizations pursuant to con-  
24          tracts entered into under this section, shall—

1           “(1) ensure that the staffing needs of Tribal  
2       Health Programs and Urban Indian Organizations  
3       receive consideration on an equal basis with pro-  
4       grams that are administered directly by the Service;  
5       and

6           “(2) give priority to assigning individuals to In-  
7       dian Health Programs and Urban Indian Organiza-  
8       tions that have a need for health professionals to  
9       provide health care services as a result of individuals  
10      having breached contracts entered into under this  
11      section.

12      “(l) BREACH OF CONTRACT.—

13           “(1) SPECIFIC BREACHES.—An individual who  
14      has entered into a written contract with the Sec-  
15      retary under this section and has not received a  
16      waiver under subsection (m) shall be liable, in lieu  
17      of any service obligation arising under such contract,  
18      to the United States for the amount which has been  
19      paid on such individual’s behalf under the contract  
20      if that individual—

21           “(A) is enrolled in the final year of a  
22      course of study and—

23           “(i) fails to maintain an acceptable  
24      level of academic standing in the edu-  
25      cational institution in which he or she is

1 enrolled (such level determined by the edu-  
 2 cational institution under regulations of  
 3 the Secretary);

4 “(ii) voluntarily terminates such en-  
 5 rollment; or

6 “(iii) is dismissed from such edu-  
 7 cational institution before completion of  
 8 such course of study; or

9 “(B) is enrolled in a graduate training pro-  
 10 gram and fails to complete such training pro-  
 11 gram.

12 “(2) OTHER BREACHES; FORMULA FOR  
 13 AMOUNT OWED.—If, for any reason not specified in  
 14 paragraph (1), an individual breaches his or her  
 15 written contract under this section by failing either  
 16 to begin, or complete, such individual’s period of ob-  
 17 ligated service in accordance with subsection (e)(2),  
 18 the United States shall be entitled to recover from  
 19 such individual an amount to be determined in ac-  
 20 cordance with the following formula:  $A=3Z(t-s/t)$  in  
 21 which—

22 “(A) ‘A’ is the amount the United States  
 23 is entitled to recover;

24 “(B) ‘Z’ is the sum of the amounts paid  
 25 under this section to, or on behalf of, the indi-

1           vidual and the interest on such amounts which  
 2           would be payable if, at the time the amounts  
 3           were paid, they were loans bearing interest at  
 4           the maximum legal prevailing rate, as deter-  
 5           mined by the Secretary of the Treasury;

6           “(C) ‘t’ is the total number of months in  
 7           the individual’s period of obligated service in  
 8           accordance with subsection (f); and

9           “(D) ‘s’ is the number of months of such  
 10          period served by such individual in accordance  
 11          with this section.

12          “(3) DEDUCTIONS IN MEDICARE PAYMENTS.—  
 13          Amounts not paid within such period shall be sub-  
 14          ject to collection through deductions in medicare  
 15          payments pursuant to section 1892 of the Social Se-  
 16          curity Act.

17          “(4) TIME PERIOD FOR REPAYMENT.—Any  
 18          amount of damages which the United States is enti-  
 19          tled to recover under this subsection shall be paid to  
 20          the United States within the 1-year period beginning  
 21          on the date of the breach or such longer period be-  
 22          ginning on such date as shall be specified by the  
 23          Secretary.

24          “(5) RECOVERY OF DELINQUENCY.—

1           “(A) IN GENERAL.—If damages described  
2           in paragraph (4) are delinquent for 3 months,  
3           the Secretary shall, for the purpose of recov-  
4           ering such damages—

5                   “(i) use collection agencies contracted  
6                   with by the Administrator of General Serv-  
7                   ices; or

8                   “(ii) enter into contracts for the re-  
9                   covery of such damages with collection  
10                  agencies selected by the Secretary.

11           “(B) REPORT.—Each contract for recov-  
12           ering damages pursuant to this subsection shall  
13           provide that the contractor will, not less than  
14           once each 6 months, submit to the Secretary a  
15           status report on the success of the contractor in  
16           collecting such damages. Section 3718 of title  
17           31, United States Code, shall apply to any such  
18           contract to the extent not inconsistent with this  
19           subsection.

20           “(m) WAIVER OR SUSPENSION OF OBLIGATION.—

21                   “(1) IN GENERAL.—The Secretary shall by reg-  
22                   ulation provide for the partial or total waiver or sus-  
23                   pension of any obligation of service or payment by  
24                   an individual under the Loan Repayment Program  
25                   whenever compliance by the individual is impossible



1 or would involve extreme hardship to the individual  
2 and if enforcement of such obligation with respect to  
3 any individual would be unconscionable.

4 “(2) CANCELED UPON DEATH.—Any obligation  
5 of an individual under the Loan Repayment Pro-  
6 gram for service or payment of damages shall be  
7 canceled upon the death of the individual.

8 “(3) HARDSHIP WAIVER.—The Secretary may  
9 waive, in whole or in part, the rights of the United  
10 States to recover amounts under this section in any  
11 case of extreme hardship or other good cause shown,  
12 as determined by the Secretary.

13 “(4) BANKRUPTCY.—Any obligation of an indi-  
14 vidual under the Loan Repayment Program for pay-  
15 ment of damages may be released by a discharge in  
16 bankruptcy under title 11 of the United States Code  
17 only if such discharge is granted after the expiration  
18 of the 5-year period beginning on the first date that  
19 payment of such damages is required, and only if  
20 the bankruptcy court finds that nondischarge of the  
21 obligation would be unconscionable.

22 “(n) REPORT.—The Secretary shall submit to the  
23 President, for inclusion in each report required to be sub-  
24 mitted to Congress under section 801, a report concerning

1 the previous fiscal year which sets forth by Service Area  
2 the following:

3 “(1) A list of the health professional positions  
4 maintained by Indian Health Programs and Urban  
5 Indian Organizations for which recruitment or reten-  
6 tion is difficult.

7 “(2) The number of Loan Repayment Program  
8 applications filed with respect to each type of health  
9 profession.

10 “(3) The number of contracts described in sub-  
11 section (e) that are entered into with respect to each  
12 health profession.

13 “(4) The amount of loan payments made under  
14 this section, in total and by health profession.

15 “(5) The number of scholarships that are pro-  
16 vided under section 104 and 106 with respect to  
17 each health profession.

18 “(6) The amount of scholarship grants provided  
19 under section 104 and 106, in total and by health  
20 profession.

21 “(7) The number of providers of health care  
22 that will be needed by Indian Health Programs and  
23 Urban Indian Organizations, by location and profes-  
24 sion, during the 3 fiscal years beginning after the  
25 date the report is filed.

1           “(8) The measures the Secretary plans to take  
2           to fill the health professional positions maintained  
3           by Indian Health Programs or Urban Indian Orga-  
4           nizations for which recruitment or retention is dif-  
5           ficult.

6   **“SEC. 111. SCHOLARSHIP AND LOAN REPAYMENT RECOV-**  
7                   **ERY FUND.**

8           “(a) ESTABLISHMENT.—There is established in the  
9   Treasury of the United States a fund to be known as the  
10   Indian Health Scholarship and Loan Repayment Recovery  
11   Fund (hereafter in this section referred to as the ‘LRRF’).  
12   The LRRF shall consist of such amounts as may be col-  
13   lected from individuals under section 104(d), section  
14   106(e), and section 110(l) for breach of contract, such  
15   funds as may be appropriated to the LRRF, and interest  
16   earned on amounts in the LRRF. All amounts collected,  
17   appropriated, or earned relative to the LRRF shall remain  
18   available until expended.

19          “(b) USE OF FUNDS.—

20               “(1) BY SECRETARY.—Amounts in the LRRF  
21           may be expended by the Secretary, acting through  
22           the Service, to make payments to an Indian Health  
23           Program—

24                       “(A) to which a scholarship recipient under  
25           section 104 and 106 or a loan repayment pro-

1           gram participant under section 110 has been  
2           assigned to meet the obligated service require-  
3           ments pursuant to such sections; and

4           “(B) that has a need for a health profes-  
5           sional to provide health care services as a result  
6           of such recipient or participant having breached  
7           the contract entered into under section 104,  
8           106, or section 110.

9           “(2) BY TRIBAL HEALTH PROGRAMS.—A Tribal  
10          Health Program receiving payments pursuant to  
11          paragraph (1) may expend the payments to provide  
12          scholarships or recruit and employ, directly or by  
13          contract, health professionals to provide health care  
14          services.

15          “(c) INVESTMENT OF FUNDS.—The Secretary of the  
16          Treasury shall invest such amounts of the LRRF as the  
17          Secretary of Health and Human Services determines are  
18          not required to meet current withdrawals from the LRRF.  
19          Such investments may be made only in interest bearing  
20          obligations of the United States. For such purpose, such  
21          obligations may be acquired on original issue at the issue  
22          price, or by purchase of outstanding obligations at the  
23          market price.

1       “(d) SALE OF OBLIGATIONS.—Any obligation ac-  
2       quired by the LRRF may be sold by the Secretary of the  
3       Treasury at the market price.

4       **“SEC. 112. RECRUITMENT ACTIVITIES.**

5       “(a) REIMBURSEMENT FOR TRAVEL.—The Sec-  
6       retary, acting through the Service, may reimburse health  
7       professionals seeking positions with Indian Health Pro-  
8       grams or Urban Indian Organizations, including unpaid  
9       student volunteers and individuals considering entering  
10      into a contract under section 110, and their spouses, for  
11      actual and reasonable expenses incurred in traveling to  
12      and from their places of residence to an area in which  
13      they may be assigned for the purpose of evaluating such  
14      area with respect to such assignment.

15      “(b) RECRUITMENT PERSONNEL.—The Secretary,  
16      acting through the Service, shall assign one individual in  
17      each Area Office to be responsible on a full-time basis for  
18      recruitment activities.

19      **“SEC. 113. INDIAN RECRUITMENT AND RETENTION PRO-**  
20                                   **GRAM.**

21      “(a) IN GENERAL.—The Secretary, acting through  
22      the Service, shall fund innovative demonstration projects  
23      for a period not to exceed 3 years to enable Tribal Health  
24      Programs and Urban Indian Organizations to recruit,

1 place, and retain health professionals to meet their staff-  
2 ing needs.

3 “(b) ELIGIBLE ENTITIES; APPLICATION.—Any Trib-  
4 al Health Program or Urban Indian Organization may  
5 submit an application for funding of a project pursuant  
6 to this section.

7 **“SEC. 114. ADVANCED TRAINING AND RESEARCH.**

8 “(a) DEMONSTRATION PROGRAM.—The Secretary,  
9 acting through the Service, shall establish a demonstration  
10 project to enable health professionals who have worked in  
11 an Indian Health Program or Urban Indian Organization  
12 for a substantial period of time to pursue advanced train-  
13 ing or research areas of study for which the Secretary de-  
14 termines a need exists.

15 “(b) SERVICE OBLIGATION.—An individual who par-  
16 ticipates in a program under subsection (a), where the  
17 educational costs are borne by the Service, shall incur an  
18 obligation to serve in an Indian Health Program or Urban  
19 Indian Organization for a period of obligated service equal  
20 to at least the period of time during which the individual  
21 participates in such program. In the event that the indi-  
22 vidual fails to complete such obligated service, the indi-  
23 vidual shall be liable to the United States for the period  
24 of service remaining. In such event, with respect to indi-  
25 viduals entering the program after the date of the enact-

1 ment of the Indian Health Care Improvement Act Amend-  
 2 ments of 2003, the United States shall be entitled to re-  
 3 cover from such individual an amount to be determined  
 4 in accordance with the formula specified in subsection (l)  
 5 of section 110 in the manner provided for in such sub-  
 6 section.

7 “(c) EQUAL OPPORTUNITY FOR PARTICIPATION.—  
 8 Health professionals from Tribal Health Programs and  
 9 Urban Indian Organizations shall be given an equal oppor-  
 10 tunity to participate in the program under subsection (a).

11 **“SEC. 115. QUENTIN N. BURDICK AMERICAN INDIANS INTO**  
 12 **NURSING PROGRAM.**

13 “(a) GRANTS AUTHORIZED.—For the purpose of in-  
 14 creasing the number of nurses, nurse midwives, and nurse  
 15 practitioners who deliver health care services to Indians,  
 16 the Secretary, acting through the Service, shall provide  
 17 grants to the following:

18 “(1) Public or private schools of nursing.

19 “(2) Tribal colleges or universities.

20 “(3) Nurse midwife programs and advanced  
 21 practice nurse programs that are provided by any  
 22 tribal college or university accredited nursing pro-  
 23 gram, or in the absence of such, any other public or  
 24 private institutions.

1       “(b) USE OF GRANTS.—Grants provided under sub-  
2 section (a) may be used for one or more of the following:

3           “(1) To recruit individuals for programs which  
4 train individuals to be nurses, nurse midwives, or  
5 advanced practice nurses.

6           “(2) To provide scholarships to Indians enrolled  
7 in such programs that may pay the tuition charged  
8 for such program and other expenses incurred in  
9 connection with such program, including books, fees,  
10 room and board, and stipends for living expenses.

11          “(3) To provide a program that encourages  
12 nurses, nurse midwives, and advanced practice  
13 nurses to provide, or continue to provide, health care  
14 services to Indians.

15          “(4) To provide a program that increases the  
16 skills of, and provides continuing education to,  
17 nurses, nurse midwives, and advanced practice  
18 nurses.

19          “(5) To provide any program that is designed  
20 to achieve the purpose described in subsection (a).

21       “(c) APPLICATIONS.—Each application for funding  
22 under subsection (a) shall include such information as the  
23 Secretary may require to establish the connection between  
24 the program of the applicant and a health care facility  
25 that primarily serves Indians.



1       “(d) PREFERENCES FOR GRANT RECIPIENTS.—In  
2 providing grants under subsection (a), the Secretary shall  
3 extend a preference to the following:

4               “(1) Programs that provide a preference to In-  
5 dians.

6               “(2) Programs that train nurse midwives or ad-  
7 vanced practice nurses.

8               “(3) Programs that are interdisciplinary.

9               “(4) Programs that are conducted in coopera-  
10 tion with a program for gifted and talented Indian  
11 students.

12       “(e) QUENTIN N. BURDICK PROGRAM GRANT.—The  
13 Secretary shall provide one of the grants authorized under  
14 subsection (a) to establish and maintain a program at the  
15 University of North Dakota to be known as the ‘Quentin  
16 N. Burdick American Indians Into Nursing Program’.  
17 Such program shall, to the maximum extent feasible, co-  
18 ordinate with the Quentin N. Burdick Indian Health Pro-  
19 grams established under section 117(b) and the Quentin  
20 N. Burdick American Indians Into Psychology Program  
21 established under section 105(b).

22       “(f) ACTIVE DUTY SERVICE OBLIGATION.—The ac-  
23 tive duty service obligation prescribed under section 338C  
24 of the Public Health Service Act (42 U.S.C. 254m) shall  
25 be met by each individual who receives training or assist-

1   ance described in paragraph (1) or (2) of subsection (b)  
2   that is funded by a grant provided under subsection (a).  
3   Such obligation shall be met by service—

4           “(1) in the Service;

5           “(2) in a program of an Indian Tribe or Tribal  
6   Organization conducted under the Indian Self-Deter-  
7   mination Act (including programs under agreements  
8   with the Bureau of Indian Affairs);

9           “(3) in a program assisted under title V of this  
10   Act; or

11          “(4) in the private practice of nursing if, as de-  
12   termined by the Secretary, in accordance with guide-  
13   lines promulgated by the Secretary, such practice is  
14   situated in a physician or other health shortage area  
15   and addresses the health care needs of a substantial  
16   number of Indians.

17   **“SEC. 116. TRIBAL CULTURAL ORIENTATION.**

18          “(a) CULTURAL EDUCATION OF EMPLOYEES.—The  
19   Secretary, acting through the Service, shall require that  
20   appropriate employees of the Service who serve Indian  
21   Tribes in each Service Area receive educational instruction  
22   in the history and culture of such Indian Tribes and their  
23   relationship to the Service.

1       “(b) PROGRAM.—In carrying out subsection (a), the  
 2 Secretary shall establish a program which shall, to the ex-  
 3 tent feasible—

4               “(1) be developed in consultation with the af-  
 5 fected Indian Tribes, Tribal Organizations, and  
 6 Urban Indian Organizations;

7               “(2) be carried out through tribal colleges or  
 8 universities;

9               “(3) include instruction in American Indian  
 10 studies; and

11               “(4) describe the use and place of Traditional  
 12 Health Care Practices of the Indian Tribes in the  
 13 Service Area.

14 **“SEC. 117. INMED PROGRAM.**

15       “(a) GRANTS AUTHORIZED.—The Secretary, acting  
 16 through the Service, is authorized to provide grants to col-  
 17 leges and universities for the purpose of maintaining and  
 18 expanding the Indian health careers recruitment program  
 19 known as the ‘Indians Into Medicine Program’ (herein-  
 20 after in this section referred to as ‘INMED’) as a means  
 21 of encouraging Indians to enter the health professions.

22       “(b) QUENTIN N. BURDICK GRANT.—The Secretary  
 23 shall provide one of the grants authorized under sub-  
 24 section (a) to maintain the INMED program at the Uni-  
 25 versity of North Dakota, to be known as the ‘Quentin N.

1 Burdick Indian Health Programs’, unless the Secretary  
2 makes a determination, based upon program reviews, that  
3 the program is not meeting the purposes of this section.  
4 Such program shall, to the maximum extent feasible, co-  
5 ordinate with the Quentin N. Burdick American Indians  
6 Into Psychology Program established under section 105(b)  
7 and the Quentin N. Burdick American Indians Into Nurs-  
8 ing Program established under section 115.

9 “(c) REGULATIONS.—The Secretary, pursuant to this  
10 Act, shall develop regulations to govern grants pursuant  
11 to this section.

12 “(d) REQUIREMENTS.—Applicants for grants pro-  
13 vided under this section shall agree to provide a program  
14 which—

15 “(1) provides outreach and recruitment for  
16 health professions to Indian communities including  
17 elementary and secondary schools and community  
18 colleges located on reservations which will be served  
19 by the program;

20 “(2) incorporates a program advisory board  
21 comprised of representatives from the Indian Tribes  
22 and Indian communities which will be served by the  
23 program;

24 “(3) provides summer preparatory programs for  
25 Indian students who need enrichment in the subjects

1 of math and science in order to pursue training in  
2 the health professions;

3 “(4) provides tutoring, counseling, and support  
4 to students who are enrolled in a health career pro-  
5 gram of study at the respective college or university;  
6 and

7 “(5) to the maximum extent feasible, employs  
8 qualified Indians in the program.

9 **“SEC. 118. HEALTH TRAINING PROGRAMS OF COMMUNITY**  
10 **COLLEGES.**

11 “(a) GRANTS TO ESTABLISH PROGRAMS.—

12 “(1) IN GENERAL.—The Secretary, acting  
13 through the Service, shall award grants to accredited  
14 and accessible community colleges for the purpose of  
15 assisting such community colleges in the establish-  
16 ment of programs which provide education in a  
17 health profession leading to a degree or diploma in  
18 a health profession for individuals who desire to  
19 practice such profession on or near a reservation or  
20 in an Indian Health Program.

21 “(2) AMOUNT OF GRANTS.—The amount of any  
22 grant awarded to a community college under para-  
23 graph (1) for the first year in which such a grant  
24 is provided to the community college shall not exceed  
25 \$100,000.

1       “(b) GRANTS FOR MAINTENANCE AND RECRUIT-  
2   ING.—

3               “(1) IN GENERAL.—The Secretary, acting  
4       through the Service, shall award grants to accredited  
5       and accessible community colleges that have estab-  
6       lished a program described in subsection (a)(1) for  
7       the purpose of maintaining the program and recruit-  
8       ing students for the program.

9               “(2) REQUIREMENTS.—Grants may only be  
10      made under this section to a community college  
11      which—

12              “(A) is accredited;

13              “(B) has a relationship with a hospital fa-  
14      cility, Service facility, or hospital that could  
15      provide training of nurses or health profes-  
16      sionals;

17              “(C) has entered into an agreement with  
18      an accredited college or university medical  
19      school, the terms of which—

20              “(i) provide a program that enhances  
21      the transition and recruitment of students  
22      into advanced baccalaureate or graduate  
23      programs which train health professionals;  
24      and

1 “(ii) stipulate certifications necessary  
2 to approve internship and field placement  
3 opportunities at Indian Health Programs;

4 “(D) has a qualified staff which has the  
5 appropriate certifications;

6 “(E) is capable of obtaining State or re-  
7 gional accreditation of the program described in  
8 subsection (a)(1); and

9 “(F) agrees to provide for Indian pref-  
10 erence for applicants for programs under this  
11 section.

12 “(c) TECHNICAL ASSISTANCE.—The Secretary shall  
13 encourage community colleges described in subsection  
14 (b)(2) to establish and maintain programs described in  
15 subsection (a)(1) by—

16 “(1) entering into agreements with such col-  
17 leges for the provision of qualified personnel of the  
18 Service to teach courses of study in such programs;  
19 and

20 “(2) providing technical assistance and support  
21 to such colleges.

22 “(d) ADVANCED TRAINING.—

23 “(1) REQUIRED.—Any program receiving as-  
24 sistance under this section that is conducted with re-  
25 spect to a health profession shall also offer courses

1 of study which provide advanced training for any  
2 health professional who—

3 “(A) has already received a degree or di-  
4 ploma in such health profession; and

5 “(B) provides clinical services on or near a  
6 reservation or for an Indian Health Program.

7 “(2) MAY BE OFFERED AT ALTERNATE SITE.—

8 Such courses of study may be offered in conjunction  
9 with the college or university with which the commu-  
10 nity college has entered into the agreement required  
11 under subsection (b)(2)(C).

12 “(e) FUNDING PRIORITY.—Where the requirements  
13 of subsection (b) are met, funding priority shall be pro-  
14 vided to tribal colleges and universities in Service Areas  
15 where they exist.

16 **“SEC. 119. RETENTION BONUS.**

17 “(a) BONUS AUTHORIZED.—The Secretary may pay  
18 a retention bonus to any health professional employed by,  
19 or assigned to, and serving in, an Indian Health Program  
20 or Urban Indian Organization either as a civilian employee  
21 or as a commissioned officer in the Regular or Reserve  
22 Corps of the Public Health Service who—

23 “(1) is assigned to, and serving in, a position  
24 for which recruitment or retention of personnel is  
25 difficult;



1           “(2) the Secretary determines is needed by In-  
2       dian Health Programs and Urban Indian Organiza-  
3       tions;

4           “(3) has—

5               “(A) completed 3 years of employment  
6       with an Indian Health Program or Urban In-  
7       dian Organization; or

8               “(B) completed any service obligations in-  
9       curred as a requirement of—

10               “(i) any Federal scholarship program;

11               or

12               “(ii) any Federal education loan re-  
13       payment program; and

14           “(4) enters into an agreement with an Indian  
15       Health Program or Urban Indian Organization for  
16       continued employment for a period of not less than  
17       1 year.

18       “(b) RATES.—The Secretary may establish rates for  
19       the retention bonus which shall provide for a higher an-  
20       nual rate for multiyear agreements than for single year  
21       agreements referred to in subsection (a)(4), but in no  
22       event shall the annual rate be more than \$25,000 per  
23       annum.

24       “(c) DEFAULT OF RETENTION AGREEMENT.—Any  
25       health professional failing to complete the agreed upon

1 term of service, except where such failure is through no  
2 fault of the individual, shall be obligated to refund to the  
3 Government the full amount of the retention bonus for the  
4 period covered by the agreement, plus interest as deter-  
5 mined by the Secretary in accordance with section  
6 110(l)(2)(B).

7 “(d) OTHER RETENTION BONUS.—The Secretary  
8 may pay a retention bonus to any health professional em-  
9 ployed by a Tribal Health Program if such health profes-  
10 sional is serving in a position which the Secretary deter-  
11 mines is—

12 “(1) a position for which recruitment or reten-  
13 tion is difficult; and

14 “(2) necessary for providing health care services  
15 to Indians.

16 **“SEC. 120. NURSING RESIDENCY PROGRAM.**

17 “(a) ESTABLISHMENT OF PROGRAM.—The Sec-  
18 retary, acting through the Service, shall establish a pro-  
19 gram to enable Indians who are licensed practical nurses,  
20 licensed vocational nurses, and registered nurses who are  
21 working in an Indian Health Program or Urban Indian  
22 Organization, and have done so for a period of not less  
23 than 1 year, to pursue advanced training. Such program  
24 shall include a combination of education and work study  
25 in an Indian Health Program or Urban Indian Organiza-

tion leading to an associate or bachelor's degree (in the case of a licensed practical nurse or licensed vocational nurse), a bachelor's degree (in the case of a registered nurse), or advanced degrees in nursing and public health.

“(b) SERVICE OBLIGATION.—An individual who participates in a program under subsection (a), where the educational costs are paid by the Service, shall incur an obligation to serve in an Indian Health Program or Urban Indian Organization for a period of obligated service equal to the amount of time during which the individual participates in such program. In the event that the individual fails to complete such obligated service, the United States shall be entitled to recover from such individual an amount determined in accordance with the formula specified in subsection (l) of section 110 in the manner provided for in such subsection.

**“SEC. 121. COMMUNITY HEALTH AIDE PROGRAM FOR ALASKA.**

“(a) GENERAL PURPOSES OF PROGRAM.—Under the authority of the Act of November 2, 1921 (25 U.S.C. 13; popularly known as the Snyder Act), the Secretary, acting through the Service, shall develop and operate a Community Health Aide Program in Alaska under which the Service—

1           “(1) provides for the training of Alaska Natives  
2           as health aides or community health practitioners;

3           “(2) uses such aides or practitioners in the pro-  
4           vision of health care, health promotion, and disease  
5           prevention services to Alaska Natives living in vil-  
6           lages in rural Alaska; and

7           “(3) provides for the establishment of tele-  
8           conferencing capacity in health clinics located in or  
9           near such villages for use by community health aides  
10          or community health practitioners.

11          “(b) SPECIFIC PROGRAM REQUIREMENTS.—The Sec-  
12         retary, acting through the Community Health Aide Pro-  
13         gram of the Service, shall—

14                 “(1) using trainers accredited by the Program,  
15                 provide a high standard of training to community  
16                 health aides and community health practitioners to  
17                 ensure that such aides and practitioners provide  
18                 quality health care, health promotion, and disease  
19                 prevention services to the villages served by the Pro-  
20                 gram;

21                 “(2) in order to provide such training, develop  
22                 a curriculum that—

23                         “(A) combines education in the theory of  
24                         health care with supervised practical experience  
25                         in the provision of health care;

1           “(B) provides instruction and practical ex-  
2           perience in the provision of acute care, emer-  
3           gency care, health promotion, disease preven-  
4           tion, and the efficient and effective manage-  
5           ment of clinic pharmacies, supplies, equipment,  
6           and facilities; and

7           “(C) promotes the achievement of the  
8           health status objectives specified in section  
9           3(2);

10          “(3) establish and maintain a Community  
11          Health Aide Certification Board to certify as com-  
12          munity health aides or community health practi-  
13          tioners individuals who have successfully completed  
14          the training described in paragraph (1) or can dem-  
15          onstrate equivalent experience;

16          “(4) develop and maintain a system which iden-  
17          tifies the needs of community health aides and com-  
18          munity health practitioners for continuing education  
19          in the provision of health care, including the areas  
20          described in paragraph (2)(B), and develop pro-  
21          grams that meet the needs for such continuing edu-  
22          cation;

23          “(5) develop and maintain a system that pro-  
24          vides close supervision of community health aides  
25          and community health practitioners; and

1           “(6) develop a system under which the work of  
 2           community health aides and community health prac-  
 3           titioners is reviewed and evaluated to assure the pro-  
 4           vision of quality health care, health promotion, and  
 5           disease prevention services.

6           “(c) NATIONAL COMMUNITY HEALTH AIDE PRO-  
 7           GRAM.—The Secretary, acting through the Service, shall  
 8           develop and operate a national Community Health Aide  
 9           Program consistent with the requirements of this section  
 10          without reducing funds for the Community Health Aide  
 11          Program for Alaska.

12       **“SEC. 122. TRIBAL HEALTH PROGRAM ADMINISTRATION.**

13          “The Secretary, acting through the Service, shall, by  
 14          funding agreement or otherwise, provide training for Indi-  
 15          ans in the administration and planning of Tribal Health  
 16          Programs.

17       **“SEC. 123. HEALTH PROFESSIONAL CHRONIC SHORTAGE**  
 18               **DEMONSTRATION PROGRAMS.**

19          “(a) DEMONSTRATION PROGRAMS AUTHORIZED.—  
 20          The Secretary, acting through the Service, may fund dem-  
 21          onstration programs for Tribal Health Programs to ad-  
 22          dress the chronic shortages of health professionals.

23          “(b) PURPOSES OF PROGRAMS.—The purposes of  
 24          demonstration programs funded under subsection (a) shall  
 25          be—

1           “(1) to provide direct clinical and practical ex-  
2           perience at a Service Unit to health profession stu-  
3           dents and residents from medical schools;

4           “(2) to improve the quality of health care for  
5           Indians by assuring access to qualified health care  
6           professionals; and

7           “(3) to provide academic and scholarly opportu-  
8           nities for health professionals serving Indians by  
9           identifying all academic and scholarly resources of  
10          the region.

11          “(c) ADVISORY BOARD.—The demonstration pro-  
12         grams established pursuant to subsection (a) shall incor-  
13         porate a program advisory board composed of representa-  
14         tives from the Indian Tribes and Indian communities in  
15         the area which will be served by the program.

16         **“SEC. 124. TREATMENT OF SCHOLARSHIPS FOR CERTAIN**  
17                 **PURPOSES.**

18          “Scholarships provided to individuals pursuant to  
19         this title shall be deemed ‘qualified Scholarships’ for pur-  
20         poses of section 11 of the Internal Revenue Code of 1986.

21         **“SEC. 125. NATIONAL HEALTH SERVICE CORPS.**

22          “(a) NO REDUCTION IN SERVICES.—The Secretary  
23         shall not—

1           “(1) remove a member of the National Health  
2       Service Corps from an Indian Health Program or  
3       Urban Indian Organization; or

4           “(2) withdraw funding used to support such  
5       member, unless the Secretary, acting through the  
6       Service, Indian Tribes, or Tribal Organizations, has  
7       ensured that the Indians receiving services from  
8       such member will experience no reduction in serv-  
9       ices.

10       “(b) EXEMPTION FROM LIMITATIONS.—National  
11   Health Service Corps scholars qualifying for the Commis-  
12   sioned Corps in the United States Public Health Service  
13   shall be exempt from the full-time equivalent limitations  
14   of the National Health Service Corps and the Service  
15   when serving as a commissioned corps officer in a Tribal  
16   Health Program or an Urban Indian Organization.

17   **“SEC. 126. SUBSTANCE ABUSE COUNSELOR EDUCATIONAL**  
18                   **CURRICULA DEMONSTRATION PROGRAMS.**

19       “(a) GRANTS AND CONTRACTS.—The Secretary, act-  
20   ing through the Service, may enter into contracts with,  
21   or make grants to, accredited tribal colleges and univer-  
22   sities and eligible accredited and accessible community col-  
23   leges to establish demonstration programs to develop edu-  
24   cational curricula for substance abuse counseling.



1       “(b) USE OF FUNDS.—Funds provided under this  
2 section shall be used only for developing and providing  
3 educational curriculum for substance abuse counseling (in-  
4 cluding paying salaries for instructors). Such curricula  
5 may be provided through satellite campus programs.

6       “(c) TIME PERIOD OF ASSISTANCE; RENEWAL.—A  
7 contract entered into or a grant provided under this sec-  
8 tion shall be for a period of 1 year. Such contract or grant  
9 may be renewed for an additional 1-year period upon the  
10 approval of the Secretary.

11       “(d) CRITERIA FOR REVIEW AND APPROVAL OF AP-  
12 PPLICATIONS.—Not later than 180 days after the date of  
13 the enactment of the Indian Health Care Improvement  
14 Act Amendments of 2003, the Secretary, after consulta-  
15 tion with Indian Tribes and administrators of tribal col-  
16 leges and universities and eligible accredited and acces-  
17 sible community colleges, shall develop and issue criteria  
18 for the review and approval of applications for funding (in-  
19 cluding applications for renewals of funding) under this  
20 section. Such criteria shall ensure that demonstration pro-  
21 grams established under this section promote the develop-  
22 ment of the capacity of such entities to educate substance  
23 abuse counselors.

24       “(e) ASSISTANCE.—The Secretary shall provide such  
25 technical and other assistance as may be necessary to en-

1 able grant recipients to comply with the provisions of this  
2 section.

3 “(f) REPORT.—Each fiscal year, the Secretary shall  
4 submit to the President, for inclusion in the report which  
5 is required to be submitted under section 801 for that fis-  
6 cal year, a report on the findings and conclusions derived  
7 from the demonstration programs conducted under this  
8 section during that fiscal year.

9 “(g) DEFINITION.—For the purposes of this section  
10 the term ‘educational curriculum’ means 1 or more of the  
11 following—

12 “(1) classroom education;

13 “(2) clinical work experience; and

14 “(3) continuing education workshops.

15 **“SEC. 127. MENTAL HEALTH TRAINING AND COMMUNITY**  
16 **EDUCATION PROGRAMS.**

17 “(a) STUDY; LIST.—The Secretary, acting through  
18 the Service, and the Secretary of the Interior, in consulta-  
19 tion with Indian Tribes and Tribal Organizations, shall  
20 conduct a study and compile a list of the types of staff  
21 positions specified in subsection (b) whose qualifications  
22 include, or should include, training in the identification,  
23 prevention, education, referral, or treatment of mental ill-  
24 ness, or dysfunctional and self destructive behavior.

1       “(b) POSITIONS.—The positions referred to in sub-  
2 section (a) are—

3               “(1) staff positions within the Bureau of Indian  
4 Affairs, including existing positions, in the fields  
5 of—

6                       “(A) elementary and secondary education;

7                       “(B) social services and family and child  
8 welfare;

9                       “(C) law enforcement and judicial services;  
10 and

11                      “(D) alcohol and substance abuse;

12               “(2) staff positions within the Service; and

13               “(3) staff positions similar to those identified in  
14 paragraphs (1) and (2) established and maintained  
15 by Indian Tribes, Tribal Organizations, (without re-  
16 gard to the funding source) and Urban Indian Orga-  
17 nizations.

18       “(c) TRAINING CRITERIA.—

19               “(1) IN GENERAL.—The appropriate Secretary  
20 shall provide training criteria appropriate to each  
21 type of position identified in subsection (b)(1) and  
22 (b)(2) and ensure that appropriate training has  
23 been, or shall be provided to any individual in any  
24 such position. With respect to any such individual in  
25 a position identified pursuant to subsection (b)(3),

1 the respective Secretaries shall provide appropriate  
2 training to, or provide funds to, an Indian Tribe,  
3 Tribal Organization, or Urban Indian Organization  
4 for training of appropriate individuals. In the case of  
5 positions funded under a funding agreement, the ap-  
6 propriate Secretary shall ensure that funds to cover  
7 the costs of such training costs are included in the  
8 funding agreement.

9 “(2) POSITION SPECIFIC TRAINING CRITERIA.—  
10 Position specific training criteria shall be culturally  
11 relevant to Indians and Indian Tribes and shall en-  
12 sure that appropriate information regarding Tradi-  
13 tional Health Care Practices is provided.

14 “(d) COMMUNITY EDUCATION ON MENTAL ILL-  
15 NESS.—The Service shall develop and implement, on re-  
16 quest of an Indian Tribe or Tribal Organization, or assist  
17 the Indian Tribe or Tribal Organization to develop and  
18 implement a program of community education on mental  
19 illness. In carrying out this subsection, the Service shall,  
20 upon request of an Indian Tribe or Tribal Organization,  
21 provide technical assistance to the Indian Tribe or Tribal  
22 Organization to obtain and develop community edu-  
23 cational materials on the identification, prevention, refer-  
24 ral, and treatment of mental illness and dysfunctional and  
25 self-destructive behavior.

1       “(e) PLAN.—Not later than 90 days after the date  
2 of the enactment of the Indian Health Care Improvement  
3 Act Amendments of 2003, the Secretary shall develop a  
4 plan under which the Service will increase the health care  
5 staff providing mental health services by at least 500 posi-  
6 tions within 5 years after the date of the enactment of  
7 this section, with at least 200 of such positions devoted  
8 to child, adolescent, and family services. The plan devel-  
9 oped under this subsection shall be implemented under the  
10 Act of November 2, 1921 (25 U.S.C. 13, popularly known  
11 as the Snyder Act).

12       **“SEC. 128. DESIGNATION OF SHORTAGE AREAS.**

13       “A Service Area served by an Indian Health Program  
14 or Urban Indian Organization shall be designated under  
15 the Public Health Services Act (42 U.S.C. 250 et seq.)  
16 as a shortage area immediately upon request of an Indian  
17 Health Program without further evaluation by the Sec-  
18 retary.

19       **“SEC. 129. AUTHORIZATION OF APPROPRIATIONS.**

20       “There are authorized to be appropriated such sums  
21 as may be necessary for each fiscal year through fiscal  
22 year 2015 to carry out this title.

1     **“TITLE II—HEALTH SERVICES**

2     **“SEC. 201. INDIAN HEALTH CARE IMPROVEMENT FUND.**

3         “(a) USE OF FUNDS.—The Secretary, acting through  
4 the Service, is authorized to expend funds, directly or  
5 under the authority of the Indian Self-Determination and  
6 Education Assistance Act, which are appropriated under  
7 the authority of this section, for the purposes of—

8             “(1) eliminating the deficiencies in health sta-  
9 tus and health resources of all Indian Tribes;

10            “(2) eliminating backlogs in the provision of  
11 health care services to Indians;

12            “(3) meeting the health needs of Indians in an  
13 efficient and equitable manner;

14            “(4) eliminating inequities in funding for both  
15 direct care and contract health service programs;  
16 and

17            “(5) augmenting the ability of the Service to  
18 meet the following health service responsibilities with  
19 respect to those Indian Tribes with the highest levels  
20 of health status deficiencies and resource defi-  
21 ciencies:

22                 “(A) Clinical care, including, but not lim-  
23 ited to, inpatient care, outpatient care (includ-  
24 ing audiology, clinical eye, and vision care), pri-

1           mary care, secondary and tertiary care, and  
2           long-term care.

3           “(B) Preventive health, including mam-  
4           mography and other cancer screening in accord-  
5           ance with section 207.

6           “(C) Dental care.

7           “(D) Mental health, including community  
8           mental health services, inpatient mental health  
9           services, dormitory mental health services,  
10          therapeutic and residential treatment centers,  
11          and training of traditional health care practi-  
12          tioners.

13          “(E) Emergency medical services.

14          “(F) Treatment and control of, and reha-  
15          bitative care related to, alcoholism and drug  
16          abuse (including fetal alcohol syndrome) among  
17          Indians.

18          “(G) Accident prevention programs.

19          “(H) Home health care.

20          “(I) Community health representatives.

21          “(J) Maintenance and repair.

22          “(K) Traditional Health Care Practices.

23          “(b) NO OFFSET OR LIMITATION.—Any funds appro-  
24          priated under the authority of this section shall not be  
25          used to offset or limit any other appropriations made to

1 the Service under this Act or the Act of November 2, 1921  
2 (25 U.S.C. 13, popularly known as the Snyder Act), or  
3 any other provision of law.

4 “(c) ALLOCATION; USE.—

5 “(1) IN GENERAL.—Funds appropriated under  
6 the authority of this section shall be allocated to  
7 Service Units, Indian Tribes, or Tribal Organiza-  
8 tions. The funds allocated to each Indian Tribe,  
9 Tribal Organization, or Service Unit under this  
10 paragraph shall be used by the Indian Tribe, Tribal  
11 Organization, or Service Unit under this paragraph  
12 to improve the health status and reduce the resource  
13 deficiency of each Indian Tribe served by such Serv-  
14 ice Unit, Indian Tribe, or Tribal Organization.

15 “(2) APPORTIONMENT OF ALLOCATED  
16 FUNDS.—The apportionment of funds allocated to a  
17 Service Unit, Indian Tribe, or Tribal Organization  
18 under paragraph (1) among the health service re-  
19 sponsibilities described in subsection (a)(5) shall be  
20 determined by the Service in consultation with, and  
21 with the active participation of, the affected Indian  
22 Tribes and Tribal Organizations.

23 “(d) PROVISIONS RELATING TO HEALTH STATUS  
24 AND RESOURCE DEFICIENCIES.—For the purposes of this  
25 section, the following definitions apply:



1           “(1) DEFINITION.—The term ‘health status  
2           and resource deficiency’ means the extent to  
3           which—

4                   “(A) the health status objectives set forth  
5                   in section 3(2) are not being achieved; and

6                   “(B) the Indian Tribe or Tribal Organiza-  
7                   tion does not have available to it the health re-  
8                   sources it needs, taking into account the actual  
9                   cost of providing health care services given local  
10                  geographic, climatic, rural, or other cir-  
11                  cumstances.

12           “(2) AVAILABLE RESOURCES.—The health re-  
13           sources available to an Indian Tribe or Tribal Orga-  
14           nization include health resources provided by the  
15           Service as well as health resources used by the In-  
16           dian Tribe or Tribal Organization, including services  
17           and financing systems provided by any Federal pro-  
18           grams, private insurance, and programs of State or  
19           local governments.

20           “(3) PROCESS FOR REVIEW OF DETERMINA-  
21           TIONS.—The Secretary shall establish procedures  
22           which allow any Indian Tribe or Tribal Organization  
23           to petition the Secretary for a review of any deter-  
24           mination of the extent of the health status and re-

1 source deficiency of such Indian Tribe or Tribal Or-  
2 ganization.

3 “(e) ELIGIBILITY FOR FUNDS.—Tribal Health Pro-  
4 grams shall be eligible for funds appropriated under the  
5 authority of this section on an equal basis with programs  
6 that are administered directly by the Service.

7 “(f) REPORT.—By no later than the date that is 3  
8 years after the date of the enactment of the Indian Health  
9 Care Improvement Act Amendments of 2003, the Sec-  
10 retary shall submit to Congress the current health status  
11 and resource deficiency report of the Service for each  
12 Service Unit, including newly recognized or acknowledged  
13 Indian Tribes. Such report shall set out—

14 “(1) the methodology then in use by the Service  
15 for determining Tribal health status and resource  
16 deficiencies, as well as the most recent application of  
17 that methodology;

18 “(2) the extent of the health status and re-  
19 source deficiency of each Indian Tribe served by the  
20 Service or a Tribal Health Program;

21 “(3) the amount of funds necessary to eliminate  
22 the health status and resource deficiencies of all In-  
23 dian Tribes served by the Service or a Tribal Health  
24 Program; and

25 “(4) an estimate of—

1           “(A) the amount of health service funds  
2           appropriated under the authority of this Act, or  
3           any other Act, including the amount of any  
4           funds transferred to the Service for the pre-  
5           ceding fiscal year which is allocated to each  
6           Service Unit, Indian Tribe, or Tribal Organiza-  
7           tion;

8           “(B) the number of Indians eligible for  
9           health services in each Service Unit or Indian  
10          Tribe or Tribal Organization; and

11          “(C) the number of Indians using the  
12          Service resources made available to each Service  
13          Unit, Indian Tribe or Tribal Organization, and,  
14          to the extent available, information on the wait-  
15          ing lists and number of Indians turned away for  
16          services due to lack of resources.

17          “(g) INCLUSION IN BASE BUDGET.—Funds appro-  
18          priated under this section for any fiscal year shall be in-  
19          cluded in the base budget of the Service for the purpose  
20          of determining appropriations under this section in subse-  
21          quent fiscal years.

22          “(h) CLARIFICATION.—Nothing in this section is in-  
23          tended to diminish the primary responsibility of the Serv-  
24          ice to eliminate existing backlogs in unmet health care  
25          needs, nor are the provisions of this section intended to

1 discourage the Service from undertaking additional efforts  
 2 to achieve equity among Indian Tribes and Tribal Organi-  
 3 zations.

4 “(i) FUNDING DESIGNATION.—Any funds appro-  
 5 priated under the authority of this section shall be des-  
 6 ignated as the ‘Indian Health Care Improvement Fund’.

7 **“SEC. 202. CATASTROPHIC HEALTH EMERGENCY FUND.**

8 “(a) ESTABLISHMENT.—There is hereby established  
 9 an Indian Catastrophic Health Emergency Fund (here-  
 10 after in this section referred to as the ‘CHEF’) consisting  
 11 of—

12 “(1) the amounts deposited under subsection  
 13 (f); and

14 “(2) the amounts appropriated to CHEF under  
 15 this section.

16 “(b) ADMINISTRATION.—CHEF shall be adminis-  
 17 tered by the Secretary, acting through the central office  
 18 of the Service, solely for the purpose of meeting the ex-  
 19 traordinary medical costs associated with the treatment of  
 20 victims of disasters or catastrophic illnesses who are with-  
 21 in the responsibility of the Service.

22 “(c) CONDITIONS ON USE OF FUND.—No part of  
 23 CHEF or its administration shall be subject to contract  
 24 or grant under any law, including the Indian Self-Deter-  
 25 mination Act, nor shall CHEF funds be allocated, appor-

1 tioned, or delegated on an Area Office, Service Unit, or  
2 other similar basis.

3 “(d) REGULATIONS.—The Secretary shall, through  
4 the negotiated rulemaking process under title VIII, pro-  
5 mulgate regulations consistent with the provisions of this  
6 section to—

7 “(1) establish a definition of disasters and cata-  
8 strophic illnesses for which the cost of the treatment  
9 provided under contract would qualify for payment  
10 from CHEF;

11 “(2) provide that a Service Unit shall not be el-  
12 igible for reimbursement for the cost of treatment  
13 from CHEF until its cost of treating any victim of  
14 such catastrophic illness or disaster has reached a  
15 certain threshold cost which the Secretary shall es-  
16 tablish at—

17 “(A) the 2000 level of \$19,000; and

18 “(B) for any subsequent year, not less  
19 than the threshold cost of the previous year in-  
20 creased by the percentage increase in the med-  
21 ical care expenditure category of the consumer  
22 price index for all urban consumers (United  
23 States city average) for the 12-month period  
24 ending with December of the previous year; and

1           “(3) establish a procedure for the reimburse-  
2           ment of the portion of the costs that exceeds such  
3           threshold cost incurred by—

4                   “(A) Service Units; or

5                   “(B) whenever otherwise authorized by the  
6           Service, non-Service facilities or providers;

7           “(4) establish a procedure for payment from  
8           CHEF in cases in which the exigencies of the med-  
9           ical circumstances warrant treatment prior to the  
10          authorization of such treatment by the Service; and

11          “(5) establish a procedure that will ensure that  
12          no payment shall be made from CHEF to any pro-  
13          vider of treatment to the extent that such provider  
14          is eligible to receive payment for the treatment from  
15          any other Federal, State, local, or private source of  
16          reimbursement for which the patient is eligible.

17          “(e) NO OFFSET OR LIMITATION.—Amounts appro-  
18          priated to CHEF under this section shall not be used to  
19          offset or limit appropriations made to the Service under  
20          the authority of the Act of November 2, 1921 (25 U.S.C.  
21          13, popularly known as the Snyder Act), or any other law.

22          “(f) DEPOSIT OF REIMBURSEMENT FUNDS.—There  
23          shall be deposited into CHEF all reimbursements to which  
24          the Service is entitled from any Federal, State, local, or  
25          private source (including third party insurance) by reason

1 of treatment rendered to any victim of a disaster or cata-  
2 strophic illness the cost of which was paid from CHEF.

3 **“SEC. 203. HEALTH PROMOTION AND DISEASE PREVENTION**  
4 **SERVICES.**

5 “(a) FINDINGS.—Congress finds that health pro-  
6 motion and disease prevention activities—

7 “(1) improve the health and well-being of Indi-  
8 ans; and

9 “(2) reduce the expenses for health care of In-  
10 dians.

11 “(b) PROVISION OF SERVICES.—The Secretary, act-  
12 ing through the Service and Tribal Health Programs, shall  
13 provide health promotion and disease prevention services  
14 to Indians to achieve the health status objectives set forth  
15 in section 3(2).

16 “(c) EVALUATION.—The Secretary, after obtaining  
17 input from the affected Tribal Health Programs, shall  
18 submit to the President for inclusion in each report which  
19 is required to be submitted to Congress under section 801  
20 an evaluation of—

21 “(1) the health promotion and disease preven-  
22 tion needs of Indians;

23 “(2) the health promotion and disease preven-  
24 tion activities which would best meet such needs;

1           “(3) the internal capacity of the Service and  
2       Tribal Health Programs to meet such needs; and

3           “(4) the resources which would be required to  
4       enable the Service and Tribal Health Programs to  
5       undertake the health promotion and disease preven-  
6       tion activities necessary to meet such needs.

7       **“SEC. 204. DIABETES PREVENTION, TREATMENT, AND CON-**  
8                               **TROL.**

9           “(a) DETERMINATIONS REGARDING DIABETES.—  
10   The Secretary, acting through the Service, and in con-  
11   sultation with Indian Tribes and Tribal Organizations,  
12   shall determine—

13           “(1) by an Indian Tribe, Tribal Organization,  
14       and by Service Unit, the incidence of, and the types  
15       of complications resulting from, diabetes among In-  
16       dians; and

17           “(2) based on the determinations made pursu-  
18       ant to paragraph (1), the measures (including pa-  
19       tient education) each Service Unit should take to re-  
20       duce the incidence of, and prevent, treat, and control  
21       the complications resulting from, diabetes among In-  
22       dian Tribes within that Service Unit.

23           “(b) DIABETES SCREENING.—To the extent medi-  
24   cally indicated and with informed consent, the Secretary  
25   shall screen each Indian who receives services from the



1 Service for diabetes and for conditions which indicate a  
2 high risk that the individual will become diabetic. Such  
3 screening may be done by a Tribal Health Program.

4 “(c) FUNDING FOR DIABETES.—The Secretary shall  
5 continue to fund each model diabetes project in existence  
6 on the date of the enactment of the Indian Health Amend-  
7 ments Care Improvement Act of 2003, any such other dia-  
8 betes programs operated by the Service or Tribal Health  
9 Programs, and any additional diabetes projects. Tribal  
10 Health Programs shall receive recurring funding for the  
11 diabetes projects that they operate pursuant to this sec-  
12 tion, both at the date of enactment of the Indian Health  
13 Care Improvement Act Amendments of 2003 and for  
14 projects which are added and funded thereafter.

15 “(d) FUNDING FOR DIALYSIS PROGRAMS.—The Sec-  
16 retary shall provide funding through the Service, Indian  
17 Tribes, and Tribal Organizations to establish dialysis pro-  
18 grams, including funding to purchase dialysis equipment  
19 and provide necessary staffing.

20 “(e) OTHER DUTIES OF THE SECRETARY.—The Sec-  
21 retary shall, to the extent funding is available—

22 “(1) in each Area Office, consult with Indian  
23 Tribes and Tribal Organizations regarding programs  
24 for the prevention, treatment, and control of diabe-  
25 tes;

1           “(2) establish in each Area Office a registry of  
2           patients with diabetes to track the incidence of dia-  
3           betes and the complications from diabetes in that  
4           area; and

5           “(3) ensure that data collected in each Area Of-  
6           fice regarding diabetes and related complications  
7           among Indians is disseminated to all other Area Of-  
8           fices.

9   **“SEC. 205. SHARED SERVICES FOR LONG-TERM CARE.**

10       “(a) FUNDING AGREEMENTS FOR LONG-TERM  
11 CARE.—Notwithstanding any other provisions of law, the  
12 Secretary, acting through the Service, is authorized to  
13 enter into Funding Agreements or other arrangements  
14 with Indian Tribes or Tribal Organizations for the delivery  
15 of long-term care and similar services to Indians. Such  
16 funding agreements or other arrangements shall provide  
17 for the sharing of staff or other services between the Serv-  
18 ice or a Tribal Health Program and a long-term care or  
19 other similar facility owned and operated (directly or  
20 through a Funding Agreement) by such Indian Tribe or  
21 Tribal Organization.

22       “(b) CONTENTS OF FUNDING AGREEMENTS.—A  
23 Funding Agreement or other arrangement entered into  
24 pursuant to subsection (a)—

1           “(1) may, at the request of the Indian Tribe or  
2           Tribal Organization, delegate to such Indian Tribe  
3           or Tribal Organization such powers of supervision  
4           and control over Service employees as the Secretary  
5           deems necessary to carry out the purposes of this  
6           section;

7           “(2) shall provide that expenses (including sala-  
8           ries) relating to services that are shared between the  
9           Service and the Tribal Health Program be allocated  
10          proportionately between the Service and the Indian  
11          Tribe or Tribal Organization; and

12          “(3) may authorize such Indian Tribe or Tribal  
13          Organization to construct, renovate, or expand a  
14          long-term care or other similar facility (including the  
15          construction of a facility attached to a Service facil-  
16          ity).

17          “(c) MINIMUM REQUIREMENT.—Any nursing facility  
18          provided for under this section shall meet the require-  
19          ments for nursing facilities under section 1919 of the So-  
20          cial Security Act.

21          “(d) OTHER ASSISTANCE.—The Secretary shall pro-  
22          vide such technical and other assistance as may be nec-  
23          essary to enable applicants to comply with the provisions  
24          of this section.

1       “(e) USE OF EXISTING OR UNDERUSED FACILI-  
2 TIES.—The Secretary shall encourage the use of existing  
3 facilities that are underused or allow the use of swing beds  
4 for long-term or similar care.

5       **“SEC. 206. HEALTH SERVICES RESEARCH.**

6       “The Secretary, acting through the Service, shall  
7 make funding available for research to further the per-  
8 formance of the health service responsibilities of Indian  
9 Health Programs and shall coordinate the activities of  
10 other agencies within the Department to address these re-  
11 search needs. The funding shall be divided equitably  
12 among the Area Offices. Then each Area Office shall  
13 award the funds competitively within that Area. The Sec-  
14 retary shall consult with Indian Tribes and Tribal Organi-  
15 zations in developing the methodology used to allocate  
16 these funds among Area Offices for competitive awards.  
17 Tribal Health Programs shall be given an equal oppor-  
18 tunity to compete for, and receive, research funds under  
19 this section. This funding may be used for both clinical  
20 and nonclinical research.

21       **“SEC. 207. MAMMOGRAPHY AND OTHER CANCER SCREEN-**  
22                               **ING.**

23       “The Secretary, acting through the Service or Tribal  
24 Health Programs, shall provide for screening as follows:

1           “(1) Screening mammography (as defined in  
2           section 1861(jj) of the Social Security Act) for In-  
3           dian women at a frequency appropriate to such  
4           women under national standards, such as those of  
5           the National Cancer Institute for the National Insti-  
6           tutes for Health, and under such terms and condi-  
7           tions as are consistent with standards established by  
8           the Secretary to ensure the safety and accuracy of  
9           screening mammography under part B of title XVIII  
10          of such Act.

11          “(2) Other cancer screening meeting national  
12          standards, such as those of the National Cancer In-  
13          stitute.

14      **“SEC. 208. PATIENT TRAVEL COSTS.**

15          “The Secretary, acting through the Service and Trib-  
16          al Health Programs, shall provide funds for the following  
17          patient travel costs, including appropriate and necessary  
18          qualified escorts, associated with receiving health care  
19          services provided (either through direct or contract care  
20          or through Funding Agreements) under this Act—

21              “(1) emergency air transportation and non-  
22              emergency air transportation where ground trans-  
23              portation is infeasible;

24              “(2) transportation by private vehicle, specially  
25              equipped vehicle, and ambulance; and

1           “(3) transportation by such other means as  
2           may be available and required when air or motor ve-  
3           hicle transportation is not available.

4   **“SEC. 209. EPIDEMIOLOGY CENTERS.**

5           “(a) ADDITIONAL CENTERS.—In addition to those  
6           epidemiology centers already established at the time of en-  
7           actment of this Act, (including those for which funding  
8           is currently being provided in Funding Agreements), and  
9           without reducing the funding levels for such centers, not  
10          later than 180 days after the date of the enactment of  
11          the Indian Health Care Improvement Act Amendments of  
12          2003, the Secretary, acting through the Service, shall es-  
13          tablish and fund an epidemiology center in each Service  
14          Area which does not yet have one to carry out the func-  
15          tions described in subsection (b). Any new centers so es-  
16          tablished may be operated by Tribal Health Programs, but  
17          such funding shall not be divisible.

18          “(b) FUNCTIONS OF CENTERS.—In consultation with  
19          and upon the request of Indian Tribes, Tribal Organiza-  
20          tions, and Urban Indian Organizations, each Service Area  
21          epidemiology center established under this subsection  
22          shall, with respect to such Service Area—

23                 “(1) collect data relating to, and monitor  
24                 progress made toward meeting, each of the health  
25                 status objectives of the Service, the Indian Tribes,

1 Tribal Organizations, and Urban Indian Organiza-  
2 tions in the Service Area;

3 “(2) evaluate existing delivery systems, data  
4 systems, and other systems that impact the improve-  
5 ment of Indian health;

6 “(3) assist Indian Tribes, Tribal Organizations,  
7 and Urban Indian Organizations in identifying their  
8 highest priority health status objectives and the  
9 services needed to achieve such objectives, based on  
10 epidemiological data;

11 “(4) make recommendations for the targeting  
12 of services needed by the populations served;

13 “(5) make recommendations to improve health  
14 care delivery systems for Indians and Urban Indi-  
15 ans;

16 “(6) provide requested technical assistance to  
17 Indian Tribes, Tribal Organizations, and Urban In-  
18 dian Organizations in the development of local  
19 health service priorities and incidence and prevalence  
20 rates of disease and other illness in the community;  
21 and

22 “(7) provide disease surveillance and assist In-  
23 dian Tribes, Tribal Organizations, and Urban Indian  
24 Organizations to promote public health.

1       “(c) TECHNICAL ASSISTANCE.—The Director of the  
2 Centers for Disease Control and Prevention shall provide  
3 technical assistance to the centers in carrying out the re-  
4 quirements of this subsection.

5       “(d) FUNDING FOR STUDIES.—The Secretary may  
6 make funding available to Indian Tribes, Tribal Organiza-  
7 tions, and Urban Indian Organizations to conduct epide-  
8 miological studies of Indian communities.

9       **“SEC. 210. COMPREHENSIVE SCHOOL HEALTH EDUCATION**  
10                   **PROGRAMS.**

11       “(a) FUNDING FOR DEVELOPMENT OF PROGRAMS.—  
12 The Secretary, acting through the Service, shall provide  
13 funding to Indian Tribes, Tribal Organizations, and  
14 Urban Indian Organizations to develop comprehensive  
15 school health education programs for children from pre-  
16 school through grade 12 in schools for the benefit of In-  
17 dian and Urban Indian children.

18       “(b) USE OF FUNDS.—Funding provided under this  
19 section may be used for purposes which may include, but  
20 are not limited to, the following:

21               “(1) Developing and implementing health edu-  
22 cation curricula both for regular school programs  
23 and afterschool programs.

24               “(2) Training teachers in comprehensive school  
25 health education curricula.



1           “(3) Integrating school-based, community-  
2           based, and other public and private health promotion  
3           efforts.

4           “(4) Encouraging healthy, tobacco-free school  
5           environments.

6           “(5) Coordinating school-based health programs  
7           with existing services and programs available in the  
8           community.

9           “(6) Developing school programs on nutrition  
10          education, personal health, oral health, and fitness.

11          “(7) Developing mental health wellness pro-  
12          grams.

13          “(8) Developing chronic disease prevention pro-  
14          grams.

15          “(9) Developing substance abuse prevention  
16          programs.

17          “(10) Developing injury prevention and safety  
18          education programs.

19          “(11) Developing activities for the prevention  
20          and control of communicable diseases.

21          “(12) Developing community and environmental  
22          health education programs that include traditional  
23          health care practitioners.

24          “(13) Violence prevention.

1           “(14) Such other health issues as are appro-  
2       priate.

3       “(c) TECHNICAL ASSISTANCE.—Upon request, the  
4       Secretary, acting through the Service, shall provide tech-  
5       nical assistance to Indian Tribes, Tribal Organizations,  
6       and Urban Indian Organizations in the development of  
7       comprehensive health education plans and the dissemina-  
8       tion of comprehensive health education materials and in-  
9       formation on existing health programs and resources.

10       “(d) CRITERIA FOR REVIEW AND APPROVAL OF AP-  
11       PLICATIONS.—The Secretary, acting through the Service,  
12       and in consultation with Indian Tribes, Tribal Organiza-  
13       tions, and Urban Indian Organizations, shall establish cri-  
14       teria for the review and approval of applications for fund-  
15       ing provided pursuant to this section.

16       “(e) DEVELOPMENT OF PROGRAM FOR BIA FUNDED  
17       SCHOOLS.—

18           “(1) IN GENERAL.—The Secretary of the Inte-  
19       rior, acting through the Bureau of Indian Affairs  
20       and in cooperation with the Secretary, acting  
21       through the Service, and affected Indian Tribes and  
22       Tribal Organizations, shall develop a comprehensive  
23       school health education program for children from  
24       preschool through grade 12 in schools for which sup-  
25       port is provided by the Bureau of Indian Affairs.

1           “(2) REQUIREMENTS FOR PROGRAMS.—Such  
2 programs shall include the following—

3           “(A) school programs on nutrition edu-  
4 cation, personal health, oral health, and fitness;

5           “(B) mental health wellness programs;

6           “(C) chronic disease prevention programs;

7           “(D) substance abuse prevention pro-  
8 grams;

9           “(E) injury prevention and safety edu-  
10 cation programs; and

11           “(F) activities for the prevention and con-  
12 trol of communicable diseases.

13           “(3) DUTIES OF THE SECRETARY.—The Sec-  
14 retary of the Interior shall—

15           “(A) provide training to teachers in com-  
16 prehensive school health education curricula;

17           “(B) ensure the integration and coordina-  
18 tion of school-based programs with existing  
19 services and health programs available in the  
20 community; and

21           “(C) encourage healthy, tobacco-free school  
22 environments.

23 **“SEC. 211. INDIAN YOUTH PROGRAM.**

24           “(a) PROGRAM AUTHORIZED.—The Secretary, acting  
25 through the Service, is authorized to establish and admin-

1 ister a program to provide funding to Indian Tribes, Trib-  
2 al Organizations, and Urban Indian Organizations for in-  
3 novative mental and physical disease prevention and  
4 health promotion and treatment programs for Indian and  
5 Urban Indian preadolescent and adolescent youths.

6 “(b) USE OF FUNDS.—

7 “(1) ALLOWABLE USES.—Funds made available  
8 under this section may be used to—

9 “(A) develop prevention and treatment  
10 programs for Indian youth which promote men-  
11 tal and physical health and incorporate cultural  
12 values, community and family involvement, and  
13 traditional health care practitioners; and

14 “(B) develop and provide community train-  
15 ing and education.

16 “(2) PROHIBITED USE.—Funds made available  
17 under this section may not be used to provide serv-  
18 ices described in section 707(c).

19 “(c) DUTIES OF THE SECRETARY.—The Secretary  
20 shall—

21 “(1) disseminate to Indian Tribes, Tribal Orga-  
22 nizations, and Urban Indian Organizations informa-  
23 tion regarding models for the delivery of comprehen-  
24 sive health care services to Indian and Urban Indian  
25 adolescents;

1           “(2) encourage the implementation of such  
2       models; and

3           “(3) at the request of an Indian Tribe, Tribal  
4       Organization, or Urban Indian Organization, provide  
5       technical assistance in the implementation of such  
6       models.

7       “(d) CRITERIA FOR REVIEW AND APPROVAL OF AP-  
8       PLICATIONS.—The Secretary, in consultation with Indian  
9       Tribes, Tribal Organization, and Urban Indian Organiza-  
10      tions, shall establish criteria for the review and approval  
11      of applications or proposals under this section.

12   **“SEC. 212. PREVENTION, CONTROL, AND ELIMINATION OF**  
13                   **COMMUNICABLE AND INFECTIOUS DISEASES.**

14       “(a) FUNDING AUTHORIZED.—The Secretary, acting  
15      through the Service, and after consultation with Indian  
16      Tribes, Tribal Organizations, Urban Indian Organiza-  
17      tions, and the Centers for Disease Control and Prevention,  
18      may make funding available to Indian Tribes and Tribal  
19      Organizations for the following:

20           “(1) Projects for the prevention, control, and  
21      elimination of communicable and infectious diseases  
22      including, but not limited to, tuberculosis, hepatitis,  
23      HIV, respiratory syncytial virus, hanta virus, sexu-  
24      ally transmitted diseases, and H. Pylori.

1           “(2) Public information and education pro-  
2           grams for the prevention, control, and elimination of  
3           communicable and infectious diseases.

4           “(3) Education, training, and clinical skills im-  
5           provement activities in the prevention, control, and  
6           elimination of communicable and infectious diseases  
7           for health professionals, including allied health pro-  
8           fessionals.

9           “(4) Demonstration projects for the screening,  
10          treatment, and prevention of hepatitis C virus  
11          (HCV).

12          “(b) APPLICATION REQUIRED.—The Secretary may  
13          provide funding under subsection (a) only if an application  
14          or proposal for funding is submitted to the Secretary.

15          “(c) COORDINATION WITH HEALTH AGENCIES.—In-  
16          dian Tribes and Tribal Organizations receiving funding  
17          under this section are encouraged to coordinate their ac-  
18          tivities with the Centers for Disease Control and Preven-  
19          tion and State and local health agencies.

20          “(d) TECHNICAL ASSISTANCE; REPORT.—In carrying  
21          out this section, the Secretary—

22                 “(1) may, at the request of an Indian Tribe or  
23                 Tribal Organization, provide technical assistance;  
24                 and

1           “(2) shall prepare and submit a report to Con-  
2       gress biennially on the use of funds under this sec-  
3       tion and on the progress made toward the preven-  
4       tion, control, and elimination of communicable and  
5       infectious diseases among Indians and Urban Indi-  
6       ans.

7   **“SEC. 213. AUTHORITY FOR PROVISION OF OTHER SERV-**  
8                   **ICES.**

9       “(a) FUNDING AUTHORIZED.—The Secretary, acting  
10      through the Service, Indian Tribes, and Tribal Organiza-  
11      tions, may provide funding under this Act to meet the ob-  
12      jectives set forth in section 3 through health care-related  
13      services and programs not otherwise described in this Act,  
14      which shall include, but not be limited to—

- 15           “(1) hospice care and assisted living;  
16           “(2) long-term health care;  
17           “(3) home- and community-based services;  
18           “(4) public health functions; and  
19           “(5) Traditional Health Care Practices.

20       “(b) SERVICES TO OTHERWISE INELIGIBLE PER-  
21      SONS.—At the discretion of the Service, Indian Tribes, or  
22      Tribal Organizations, services provided for hospice care,  
23      home health care, home- and community-based care, as-  
24      sisted living, and long-term care may be provided (subject  
25      to reimbursement of reasonable charges) to persons other-

1 wise ineligible for the health care benefits of the Service.  
2 Any funds received under this subsection shall not be used  
3 to offset or limit the funding allocated to an Indian Tribe  
4 or Tribal Organization.

5 “(c) DEFINITIONS.—For the purposes of this section,  
6 the following definitions shall apply:

7 “(1) The term ‘home- and community-based  
8 services’ means 1 or more of the following:

9 “(A) Homemaker/home health aide serv-  
10 ices.

11 “(B) Chore services.

12 “(C) Personal care services.

13 “(D) Nursing care services provided out-  
14 side of a nursing facility by, or under the super-  
15 vision of, a registered nurse.

16 “(E) Respite care.

17 “(F) Training for family members.

18 “(G) Adult day care.

19 “(H) Such other home- and community-  
20 based services as the Secretary, an Indian  
21 Tribe, or Tribal Organization may approve.

22 “(2) The term ‘hospice care’ means the items  
23 and services specified in subparagraphs (A) through  
24 (H) of section 1861(dd)(1) of the Social Security  
25 Act (42 U.S.C. 1395x(dd)(1)), and such other serv-



1       ices which an Indian Tribe or Tribal Organization  
2       determines are necessary and appropriate to provide  
3       in furtherance of this care.

4           “(3) The term ‘public health functions’ means  
5       the provision of public health-related programs,  
6       functions, and services including, but not limited to,  
7       assessment, assurance, and policy development which  
8       Indian Tribes and Tribal Organizations are author-  
9       ized and encouraged, in those circumstances where  
10      it meets their needs, to do by forming collaborative  
11      relationships with all levels of local, State, and Fed-  
12      eral Government.

13   **“SEC. 214. INDIAN WOMEN’S HEALTH CARE.**

14       “The Secretary, acting through the Service and In-  
15      dian Tribes, Tribal Organizations, and Urban Indian Or-  
16      ganizations, shall provide funding to monitor and improve  
17      the quality of health care for Indian women of all ages  
18      through the planning and delivery of programs adminis-  
19      tered by the Service, in order to improve and enhance the  
20      treatment models of care for Indian women.

21   **“SEC. 215. ENVIRONMENTAL AND NUCLEAR HEALTH HAZ-**  
22           **ARDS.**

23       “(a) STUDIES AND MONITORING.—The Secretary  
24      and the Service shall conduct, in conjunction with other  
25      appropriate Federal agencies and in consultation with con-

cerned Indian Tribes and Tribal Organizations, studies and ongoing monitoring programs to determine trends in the health hazards to Indian miners and to Indians on or near reservations and Indian communities as a result of environmental hazards which may result in chronic or life threatening health problems, such as nuclear resource development, petroleum contamination, and contamination of water source and of the food chain. Such studies shall include—

“(1) an evaluation of the nature and extent of health problems caused by environmental hazards currently exhibited among Indians and the causes of such health problems;

“(2) an analysis of the potential effect of ongoing and future environmental resource development on or near reservations and Indian communities, including the cumulative effect over time on health;

“(3) an evaluation of the types and nature of activities, practices, and conditions causing or affecting such health problems including, but not limited to, uranium mining and milling, uranium mine tailing deposits, nuclear power plant operation and construction, and nuclear waste disposal; oil and gas production or transportation on or near reservations or Indian communities; and other development that

1       could affect the health of Indians and their water  
2       supply and food chain;

3           “(4) a summary of any findings and rec-  
4       ommendations provided in Federal and State stud-  
5       ies, reports, investigations, and inspections during  
6       the 5 years prior to the date of the enactment of the  
7       Indian Health Care Improvement Act Amendments  
8       of 2003 that directly or indirectly relate to the ac-  
9       tivities, practices, and conditions affecting the health  
10      or safety of such Indians; and

11          “(5) the efforts that have been made by Federal  
12      and State agencies and resource and economic devel-  
13      opment companies to effectively carry out an edu-  
14      cation program for such Indians regarding the  
15      health and safety hazards of such development.

16      “(b) HEALTH CARE PLANS.—Upon completion of  
17   such studies, the Secretary and the Service shall take into  
18   account the results of such studies and, in consultation  
19   with Indian Tribes and Tribal Organizations, develop  
20   health care plans to address the health problems studied  
21   under subsection (a). The plans shall include—

22          “(1) methods for diagnosing and treating Indi-  
23      ans currently exhibiting such health problems;

24          “(2) preventive care and testing for Indians  
25      who may be exposed to such health hazards, includ-

1       ing the monitoring of the health of individuals who  
2       have or may have been exposed to excessive amounts  
3       of radiation or affected by other activities that have  
4       had or could have a serious impact upon the health  
5       of such individuals; and

6               “(3) a program of education for Indians who,  
7       by reason of their work or geographic proximity to  
8       such nuclear or other development activities, may ex-  
9       perience health problems.

10       “(c) SUBMISSION OF REPORT AND PLAN TO CON-  
11       GRESS.—The Secretary and the Service shall submit to  
12       Congress the study prepared under subsection (a) no later  
13       than 18 months after the date of the enactment of the  
14       Indian Health Care Improvement Act Amendments of  
15       2003. The health care plan prepared under subsection (b)  
16       shall be submitted in a report no later than 1 year after  
17       the study prepared under subsection (a) is submitted to  
18       Congress. Such report shall include recommended activi-  
19       ties for the implementation of the plan, as well as an eval-  
20       uation of any activities previously undertaken by the Serv-  
21       ice to address such health problems.

22       “(d) INTERGOVERNMENTAL TASK FORCE.—

23               “(1) ESTABLISHMENT; MEMBERS.—There is es-  
24       tablished an Intergovernmental Task Force to be

1 composed of the following individuals (or their des-  
2 ignees):

3 “(A) The Secretary of Energy.

4 “(B) The Secretary of the Environmental  
5 Protection Agency.

6 “(C) The Director of the Bureau of Mines.

7 “(D) The Assistant Secretary for Occupa-  
8 tional Safety and Health.

9 “(E) The Secretary of the Interior.

10 “(F) The Secretary of Health and Human  
11 Services.

12 “(G) The Director of the Indian Health  
13 Service.

14 “(2) DUTIES.—The Task Force shall—

15 “(A) identify existing and potential oper-  
16 ations related to nuclear resource development  
17 or other environmental hazards that affect or  
18 may affect the health of Indians on or near a  
19 reservation or in an Indian community; and

20 “(B) enter into activities to correct exist-  
21 ing health hazards and ensure that current and  
22 future health problems resulting from nuclear  
23 resource or other development activities are  
24 minimized or reduced.

1           “(3) CHAIRMAN; MEETINGS.—The Secretary of  
2       Health and Human Services shall be the Chairman  
3       of the Task Force. The Task Force shall meet at  
4       least twice each year.

5           “(e) HEALTH SERVICES TO CERTAIN EMPLOYEES.—  
6       In the case of any Indian who—

7           “(1) as a result of employment in or near a  
8       uranium mine or mill or near any other environ-  
9       mental hazard, suffers from a work-related illness or  
10      condition;

11          “(2) is eligible to receive diagnosis and treat-  
12      ment services from an Indian Health Program; and

13          “(3) by reason of such Indian’s employment, is  
14      entitled to medical care at the expense of such mine  
15      or mill operator or entity responsible for the environ-  
16      mental hazard, the Indian Health Program shall, at  
17      the request of such Indian, render appropriate med-  
18      ical care to such Indian for such illness or condition  
19      and may be reimbursed for any medical care so ren-  
20      dered to which such Indian is entitled at the expense  
21      of such operator or entity from such operator or en-  
22      tity. Nothing in this subsection shall affect the  
23      rights of such Indian to recover damages other than  
24      such amounts paid to the Indian Health Program

1 from the employer for providing medical care for  
2 such illness or condition.

3 **“SEC. 216. ARIZONA AS A CONTRACT HEALTH SERVICE DE-**  
4 **LIVERY AREA.**

5 “(a) IN GENERAL.—For fiscal years beginning with  
6 the fiscal year ending September 30, 1983, and ending  
7 with the fiscal year ending September 30, 2015, the State  
8 of Arizona shall be designated as a contract health service  
9 delivery area by the Service for the purpose of providing  
10 contract health care services to members of federally rec-  
11 ognized Indian Tribes of Arizona.

12 “(b) MAINTENANCE OF SERVICES.—The Service  
13 shall not curtail any health care services provided to Indi-  
14 ans residing on reservations in the State of Arizona if such  
15 curtailment is due to the provision of contract services in  
16 such State pursuant to the designation of such State as  
17 a contract health service delivery area pursuant to sub-  
18 section (a).

19 **“SEC. 216A. NORTH DAKOTA AS A CONTRACT HEALTH**  
20 **SERVICE DELIVERY AREA.**

21 “(a) IN GENERAL.—For fiscal years beginning with  
22 the fiscal year ending September 30, 2003, and ending  
23 with the fiscal year ending September 30, 2015, the State  
24 of North Dakota shall be designated as a contract health  
25 service delivery area by the Service for the purpose of pro-

1 viding contract health care services to members of feder-  
 2 ally recognized Indian Tribes of North Dakota.

3 “(b) LIMITATION.—The Service shall not curtail any  
 4 health care services provided to Indians residing on res-  
 5 ervations in the State of North Dakota if such curtailment  
 6 is due to the provision of contract services in such State  
 7 pursuant to the designation of such State as a contract  
 8 health service delivery area pursuant to subsection (a).

9 **“SEC. 216B. SOUTH DAKOTA AS A CONTRACT HEALTH SERV-**  
 10 **ICE DELIVERY AREA.**

11 “(a) IN GENERAL.—For fiscal years beginning with  
 12 the fiscal year ending September 30, 2003, and ending  
 13 with the fiscal year ending on September 30, 2015, the  
 14 State of South Dakota shall be designated as a contract  
 15 health service delivery area by the Service for the purpose  
 16 of providing contract health care services to members of  
 17 federally recognized Indian Tribes of South Dakota.

18 “(b) LIMITATION.—The Service shall not curtail any  
 19 health care services provided to Indians residing on res-  
 20 ervations in the State of South Dakota if such curtailment  
 21 is due to the provision of contract services in such State  
 22 pursuant to the designation of such State as a contract  
 23 health service delivery area pursuant to subsection (a).



1   **“SEC. 217. CALIFORNIA CONTRACT HEALTH SERVICES PRO-**  
2                           **GRAM.**

3           “(a) FUNDING AUTHORIZED.—The Secretary is au-  
4   thorized to fund a program using the California Rural In-  
5   dian Health Board (hereafter in this section referred to  
6   as the ‘CRIHB’) as a contract care intermediary to im-  
7   prove the accessibility of health services to California Indi-  
8   ans.

9           “(b) REIMBURSEMENT CONTRACT.—The Secretary  
10   shall enter into an agreement with the CRIHB to reim-  
11   burse the CRIHB for costs (including reasonable adminis-  
12   trative costs) incurred pursuant to this section, in pro-  
13   viding medical treatment under contract to California In-  
14   dians described in section 806(a) throughout the Cali-  
15   fornia contract health services delivery area described in  
16   section 218 with respect to high cost contract care cases.

17          “(c) ADMINISTRATIVE EXPENSES.—Not more than 5  
18   percent of the amounts provided to the CRIHB under this  
19   section for any fiscal year may be for reimbursement for  
20   administrative expenses incurred by the CRIHB during  
21   such fiscal year.

22          “(d) LIMITATION ON PAYMENT.—No payment may  
23   be made for treatment provided hereunder to the extent  
24   payment may be made for such treatment under the In-  
25   dian Catastrophic Health Emergency Fund described in  
26   section 202 or from amounts appropriated or otherwise

1 made available to the California contract health service de-  
2 livery area for a fiscal year.

3 “(e) ADVISORY BOARD.—There is hereby established  
4 an advisory board which shall advise the CRIHB in car-  
5 rying out this section. The advisory board shall be com-  
6 posed of representatives, selected by the CRIHB, from not  
7 less than 8 Tribal Health Programs serving California In-  
8 dians covered under this section at least one half of whom  
9 of whom are not affiliated with the CRIHB.

10 **“SEC. 218. CALIFORNIA AS A CONTRACT HEALTH SERVICE**  
11 **DELIVERY AREA.**

12 “The State of California, excluding the counties of  
13 Alameda, Contra Costa, Los Angeles, Marin, Orange, Sac-  
14 ramento, San Francisco, San Mateo, Santa Clara, Kern,  
15 Merced, Monterey, Napa, San Benito, San Joaquin, San  
16 Luis Obispo, Santa Cruz, Solano, Stanislaus, and Ven-  
17 tura, shall be designated as a contract health service deliv-  
18 ery area by the Service for the purpose of providing con-  
19 tract health services to California Indians. However, any  
20 of the counties listed herein may only be included in the  
21 contract health services delivery area if funding is specifi-  
22 cally provided by the Service for such services in those  
23 counties.

1   **“SEC. 219. CONTRACT HEALTH SERVICES FOR THE TREN-**  
2                           **TON SERVICE AREA.**

3           “(a) AUTHORIZATION FOR SERVICES.—The Sec-  
4   retary, acting through the Service, is directed to provide  
5   contract health services to members of the Turtle Moun-  
6   tain Band of Chippewa Indians that reside in the Trenton  
7   Service Area of Divide, McKenzie, and Williams counties  
8   in the State of North Dakota and the adjoining counties  
9   of Richland, Roosevelt, and Sheridan in the State of Mon-  
10   tana.

11          “(b) NO EXPANSION OF ELIGIBILITY.—Nothing in  
12   this section may be construed as expanding the eligibility  
13   of members of the Turtle Mountain Band of Chippewa In-  
14   dians for health services provided by the Service beyond  
15   the scope of eligibility for such health services that applied  
16   on May 1, 1986.

17   **“SEC. 220. PROGRAMS OPERATED BY INDIAN TRIBES AND**  
18                           **TRIBAL ORGANIZATIONS.**

19          “The Service shall provide funds for health care pro-  
20   grams and facilities operated by Tribal Health Programs  
21   on the same basis as such funds are provided to programs  
22   and facilities operated directly by the Service.

23   **“SEC. 221. LICENSING.**

24          “Health care professionals employed by a Tribal  
25   Health Program shall, if licensed in any State, be exempt  
26   from the licensing requirements of the State in which the

1 Tribal Health Program performs the services described in  
2 its Funding Agreement.

3 **“SEC. 222. NOTIFICATION OF PROVISION OF EMERGENCY**  
4 **CONTRACT HEALTH SERVICES.**

5 “With respect to an elderly Indian or an Indian with  
6 a disability receiving emergency medical care or services  
7 from a non-Service provider or in a non-Service facility  
8 under the authority of this Act, the time limitation (as  
9 a condition of payment) for notifying the Service of such  
10 treatment or admission shall be 30 days.

11 **“SEC. 223. PROMPT ACTION ON PAYMENT OF CLAIMS.**

12 “(a) DEADLINE FOR RESPONSE.—The Service shall  
13 respond to a notification of a claim by a provider of a  
14 contract care service with either an individual purchase  
15 order or a denial of the claim within 5 working days after  
16 the receipt of such notification.

17 “(b) EFFECT OF UNTIMELY RESPONSE.—If the  
18 Service fails to respond to a notification of a claim in ac-  
19 cordance with subsection (a), the Service shall accept as  
20 valid the claim submitted by the provider of a contract  
21 care service.

22 “(c) DEADLINE FOR PAYMENT OF VALID CLAIM.—  
23 The Service shall pay a valid contract care service claim  
24 within 30 days after the completion of the claim.

1 **“SEC. 224. LIABILITY FOR PAYMENT.**

2       “(a) NO PATIENT LIABILITY.—A patient who re-  
3 ceives contract health care services that are authorized by  
4 the Service shall not be liable for the payment of any  
5 charges or costs associated with the provision of such serv-  
6 ices.

7       “(b) NOTIFICATION.—The Secretary shall notify a  
8 contract care provider and any patient who receives con-  
9 tract health care services authorized by the Service that  
10 such patient is not liable for the payment of any charges  
11 or costs associated with the provision of such services not  
12 later than 5 business days after receipt of a notification  
13 of a claim by a provider of contract care services.

14       “(c) NO RECOURSE.—Following receipt of the notice  
15 provided under subsection (b), or, if a claim has been  
16 deemed accepted under section 223(b), the provider shall  
17 have no further recourse against the patient who received  
18 the services.

19 **“SEC. 225. AUTHORIZATION OF APPROPRIATIONS.**

20       “There are authorized to be appropriated such sums  
21 as may be necessary for each fiscal year through fiscal  
22 year 2015 to carry out this title.

## “TITLE III—FACILITIES

### “SEC. 301. CONSULTATION; CONSTRUCTION AND RENOVATION OF FACILITIES; REPORTS.

“(a) PREREQUISITES FOR EXPENDITURE OF FUNDS.—Prior to the expenditure of, or the making of any binding commitment to expend, any funds appropriated for the planning, design, construction, or renovation of facilities pursuant to the Act of November 2, 1921 (25 U.S.C. 13; popularly known as the Snyder Act), the Secretary, acting through the Service, shall—

“(1) consult with any Indian Tribe that would be significantly affected by such expenditure for the purpose of determining and, whenever practicable, honoring tribal preferences concerning size, location, type, and other characteristics of any facility on which such expenditure is to be made; and

“(2) ensure, whenever practicable and applicable, that such facility meets the construction standards of any accrediting body recognized by the Secretary for the purposes of the medicare, medicaid, and SCHIP programs under title XVIII, XIX, and XXI of the Social Security Act by not later than 1 year after the date on which the construction or renovation of such facility is completed.

“(b) CLOSURES.—

1           “(1)     EVALUATION     REQUIRED.—Notwith-  
2     standing any other provision of law, no facility oper-  
3     ated by the Service may be closed if the Secretary  
4     has not submitted to Congress at least 1 year prior  
5     to the date of the proposed closure an evaluation of  
6     the impact of the proposed closure which specifies,  
7     in addition to other considerations the following:

8           “(A) The accessibility of alternative health  
9     care resources for the population served by such  
10    facility.

11          “(B) The cost-effectiveness of such closure.

12          “(C) The quality of health care to be pro-  
13    vided to the population served by such facility  
14    after such closure.

15          “(D) The availability of contract health  
16    care funds to maintain existing levels of service.

17          “(E) The views of the Indian Tribes served  
18    by such facility concerning such closure.

19          “(F) The level of use of such facility by all  
20    eligible Indians.

21          “(G) The distance between such facility  
22    and the nearest operating Service hospital.

23          “(2) EXCEPTION FOR CERTAIN TEMPORARY  
24    CLOSURES.—Paragraph (1) shall not apply to any  
25    temporary closure of a facility or any portion of a

1 facility if such closure is necessary for medical, envi-  
 2 ronmental, or construction safety reasons.

3 “(c) HEALTH CARE FACILITY PRIORITY SYSTEM.—

4 “(1) IN GENERAL.—

5 “(A) ESTABLISHMENT.—The Secretary,  
 6 acting through the Service, shall establish a  
 7 health care facility priority system, which  
 8 shall—

9 “(i) be developed with Indian Tribes  
 10 and Tribal Organizations through nego-  
 11 tiated rulemaking under section 802;

12 “(ii) give Indian Tribes’ needs the  
 13 highest priority; and

14 “(iii) at a minimum, include the lists  
 15 required in paragraph (2)(B) and the  
 16 methodology required in paragraph (2)(E).

17 “(B) PRIORITY OF CERTAIN PROJECTS  
 18 PROTECTED.—The priority of any project estab-  
 19 lished under the construction priority system in  
 20 effect on the date of the Indian Health Care  
 21 Improvement Act Amendments of 2003 shall  
 22 not be affected by any change in the construc-  
 23 tion priority system taking place thereafter if  
 24 the project was identified as 1 of the 10 top-  
 25 priority inpatient projects, 1 of the 10 top-pri-



1 ority outpatient projects, 1 of the 10 top-pri-  
2 ority staff quarters developments, or 1 of the  
3 10 top-priority Youth Regional Treatment Cen-  
4 ters in the fiscal year 2004 Indian Health Serv-  
5 ice budget justification, or if the project had  
6 completed both Phase I and Phase II of the  
7 construction priority system in effect on the  
8 date of the enactment of such Act.

9 “(2) REPORT; CONTENTS.—The Secretary shall  
10 submit to the President, for inclusion in each report  
11 required to be transmitted to Congress under section  
12 801, a report which sets forth the following:

13 “(A) A description of the health care facil-  
14 ity priority system of the Service, established  
15 under paragraph (1).

16 “(B) Health care facilities lists, including  
17 but not limited to—

18 “(i) the total health care facilities  
19 planning, design, construction, and renova-  
20 tion needs for Indians, identified by na-  
21 tional and Service Area priorities;

22 “(ii) the 10 top-priority inpatient  
23 health care facilities;

24 “(iii) the 10 top-priority outpatient  
25 health care facilities;

1                   “(iv) the 10 top-priority specialized  
2                   health care facilities (such as long-term  
3                   care and alcohol and drug abuse treat-  
4                   ment);

5                   “(v) the 10 top-priority staff quarters  
6                   developments associated with health care  
7                   facilities; and

8                   “(vi) the 10 top-priority hostels asso-  
9                   ciated with health care facilities.

10                  “(C) The justification for such order of  
11                  priority.

12                  “(D) The projected cost of such projects.

13                  “(E) The methodology adopted by the  
14                  Service in establishing priorities under its  
15                  health care facility priority system.

16                  “(3) REQUIREMENTS FOR PREPARATION OF RE-  
17                  PORTS.—In preparing each report required under  
18                  paragraph (2) (other than the initial report), the  
19                  Secretary shall annually—

20                  “(A) consult with and obtain information  
21                  on all health care facilities needs from Indian  
22                  Tribes, Tribal Organizations, and Urban Indian  
23                  Organizations; and

24                  “(B) review the total unmet needs of all  
25                  Indian Tribes and Tribal Organizations for

1 health care facilities (including hostels and staff  
2 quarters), including needs for renovation and  
3 expansion of existing facilities.

4 “(4) CRITERIA FOR EVALUATING NEEDS.—For  
5 purposes of this subsection, the Secretary shall, in  
6 evaluating the needs of facilities operated under any  
7 Funding Agreement use the same criteria that the  
8 Secretary uses in evaluating the needs of facilities  
9 operated directly by the Service.

10 “(5) NEEDS OF FACILITIES UNDER ISDEAA  
11 AGREEMENTS.—The Secretary shall ensure that the  
12 planning, design, construction, and renovation needs  
13 of Service and non-Service facilities operated under  
14 funding agreements in accordance with the Indian  
15 Self-Determination and Education Assistance Act  
16 are fully and equitably integrated into the health  
17 care facility priority system.

18 “(d) REVIEW OF NEED FOR FACILITIES.—

19 “(1) INITIAL REPORT.—In the year 2005, the  
20 General Accounting Office shall prepare and finalize  
21 a report which sets forth the needs of the Service,  
22 Indian Tribes, Tribal Organizations, and Urban In-  
23 dian Organizations, for the facilities listed under  
24 subsection (c)(2)(B), including the needs for renova-  
25 tion and expansion of existing facilities. The General

1       Accounting Office shall submit the report to the ap-  
2       propriate authorizing and appropriations committees  
3       of the Congress and to the Secretary.

4               “(2) Beginning in the year 2006, the Secretary  
5       shall annually update the report required under  
6       paragraph (1).

7               “(3) The Comptroller General and the Sec-  
8       retary shall consult with Indian Tribes, Tribal Orga-  
9       nizations, and Urban Indian Organizations. In pre-  
10      paring the reports required by paragraphs (1) and  
11      (2), the Secretary shall submit the report to the  
12      President for inclusion in the report required to be  
13      transmitted to the Congress under section 801.

14              “(4) For purposes of this subsection, the re-  
15      ports shall, regarding the needs of facilities operated  
16      under any Funding Agreement be based on the same  
17      criteria that the Secretary uses in evaluating the  
18      needs of facilities operated directly by the Service.

19              “(5) The planning, design, construction, and  
20      renovation needs of facilities operated under Fund-  
21      ing Agreements shall be fully and equitably inte-  
22      grated into the development of the health facility  
23      priority system.

24              “(6) Beginning in the year 2006 and each fiscal  
25      year thereafter, the Secretary shall provide an op-

1       portunity for nomination of planning, design, and  
2       construction projects by the Service, Indian Tribes,  
3       and Tribal Organizations for consideration under  
4       the health care facility priority system.

5       “(e) FUNDING CONDITION.—All funds appropriated  
6       under the Act of November 2, 1921 (25 U.S.C. 13), for  
7       the planning, design, construction, or renovation of health  
8       facilities for the benefit of 1 or more Indian Tribes shall  
9       be subject to the provisions of the Indian Self-Determina-  
10      tion and Education Assistance Act.

11      “(f) DEVELOPMENT OF INNOVATIVE APPROACHES.—  
12      The Secretary shall consult and cooperate with Indian  
13      Tribes, Tribal Organizations, and Urban Indian Organiza-  
14      tions in developing innovative approaches to address all  
15      or part of the total unmet need for construction of health  
16      facilities, including those provided for in other sections of  
17      this title and other approaches.

18      **“SEC. 302. SANITATION FACILITIES.**

19      “(a) FINDINGS.—Congress finds the following:

20              “(1) The provision of sanitation facilities is pri-  
21              marily a health consideration and function.

22              “(2) Indian people suffer an inordinately high  
23              incidence of disease, injury, and illness directly at-  
24              tributable to the absence or inadequacy of sanitation  
25              facilities.

1           “(3) The long-term cost to the United States of  
2           treating and curing such disease, injury, and illness  
3           is substantially greater than the short-term cost of  
4           providing sanitation facilities and other preventive  
5           health measures.

6           “(4) Many Indian homes and Indian commu-  
7           nities still lack sanitation facilities.

8           “(5) It is in the interest of the United States,  
9           and it is the policy of the United States, that all In-  
10          dian communities and Indian homes, new and exist-  
11          ing, be provided with sanitation facilities.

12          “(b) FACILITIES AND SERVICES.—In furtherance of  
13          the findings made in subsection (a), Congress reaffirms  
14          the primary responsibility and authority of the Service to  
15          provide the necessary sanitation facilities and services as  
16          provided in section 7 of the Act of August 5, 1954 (42  
17          U.S.C. 2004a). Under such authority, the Secretary, act-  
18          ing through the Service, shall provide the following:

19               “(1) Financial and technical assistance to In-  
20               dian Tribes, Tribal Organizations, and Indian com-  
21               munities in the establishment, training, and equip-  
22               ping of utility organizations to operate and maintain  
23               sanitation facilities, including the provision of exist-  
24               ing plans, standard details, and specifications avail-  
25               able in the Department, to be used at the option of

1 the Indian Tribe, Tribal Organization, or Indian  
2 community.

3 “(2) Ongoing technical assistance and training  
4 to Indian Tribes, Tribal Organizations, and Indian  
5 communities in the management of utility organiza-  
6 tions which operate and maintain sanitation facili-  
7 ties.

8 “(3) Priority funding for operation and mainte-  
9 nance assistance for, and emergency repairs to, sani-  
10 tation facilities operated by an Indian Tribe, Tribal  
11 Organization or Indian community when necessary  
12 to avoid an imminent health threat or to protect the  
13 investment in sanitation facilities and the investment  
14 in the health benefits gained through the provision  
15 of sanitation facilities.

16 “(c) FUNDING.—Notwithstanding any other provi-  
17 sion of law—

18 “(1) the Secretary of Housing and Urban De-  
19 velopment is authorized to transfer funds appro-  
20 priated under the Native American Housing Assist-  
21 ance and Self-Determination Act of 1996 to the Sec-  
22 retary of Health and Human Services;

23 “(2) the Secretary of Health and Human Serv-  
24 ices is authorized to accept and use such funds for  
25 the purpose of providing sanitation facilities and

1 services for Indians under section 7 of the Act of  
2 August 5, 1954 (42 U.S.C. 2004a);

3 “(3) unless specifically authorized otherwise  
4 when funds are appropriated, the Secretary of  
5 Health and Human Services shall use funds appro-  
6 priated under section 7 of the Act of August 5, 1954  
7 (42 U.S.C. 2004a), to provide additional priority of  
8 sanitation facilities assistance to eligible new and ex-  
9 isting Indian homes other than the following—

10 “(A) new homes constructed using housing  
11 funds provided by the Department of Housing  
12 and Urban Development; and

13 “(B) existing homes owned or managed by  
14 a tribally designated housing entity (as that  
15 term is defined in section 4(21) of the Native  
16 American Housing Assistance and Self-Deter-  
17 mination Act of 1996 (25 U.S.C. 4103(21))  
18 that were constructed using housing funds pro-  
19 vided by the Department of Housing and Urban  
20 Development;

21 “(4) the Secretary of Health and Human Serv-  
22 ices is authorized to accept from any source, includ-  
23 ing Federal and State agencies, funds for the pur-  
24 pose of providing sanitation facilities and services  
25 and place these funds into Funding Agreements;



1           “(5) funds appropriated under the authority of  
2           section 7 of the Act of August 5, 1954 (42 U.S.C.  
3           2004a) may be used to fund up to 100 percent of  
4           the amount of an Indian Tribe’s loan obtained under  
5           any Federal program for new projects to construct  
6           eligible sanitation facilities to serve Indian homes;

7           “(6) funds appropriated under the authority of  
8           section 7 of the Act of August 5, 1954 (42 U.S.C.  
9           2004a) may be used to meet matching or cost par-  
10          ticipation requirements under other Federal and  
11          non-Federal programs for new projects to construct  
12          eligible sanitation facilities;

13          “(7) all Federal agencies are authorized to  
14          transfer to the Secretary funds identified, granted,  
15          loaned, or appropriated whereby the Department’s  
16          applicable policies, rules, and regulations shall apply  
17          in the implementation of such projects;

18          “(8) the Secretary of Health and Human Serv-  
19          ices shall enter into interagency agreements with  
20          Federal and State agencies for the purpose of pro-  
21          viding financial assistance for sanitation facilities  
22          and services under this Act; and

23          “(9) the Secretary of Health and Human Serv-  
24          ices shall, by regulation developed through rule-  
25          making under section 802, establish standards appli-

1 cable to the planning, design, and construction of  
2 sanitation facilities funded under this Act.

3 “(d) FUNDING PLAN.—The Secretary, acting  
4 through the Service, and in consultation with Indian  
5 Tribes and Tribal Organizations, shall develop and begin  
6 implementation of a 10-year funding plan to provide sani-  
7 tation facilities to serve existing Indian homes and Indian  
8 communities and new and renovated Indian homes.

9 “(e) CERTAIN CAPABILITIES NOT PREREQUISITE.—  
10 The financial and technical capability of an Indian Tribe,  
11 Tribal Organization, or Indian community to safely oper-  
12 ate, manage, and maintain a sanitation facility shall not  
13 be a prerequisite to the provision or construction of sanita-  
14 tion facilities by the Secretary.

15 “(f) FINANCIAL ASSISTANCE.—The Secretary is au-  
16 thorized to provide financial assistance to Indian Tribes,  
17 Tribal Organizations, and Indian communities for oper-  
18 ation, management, and maintenance of their sanitation  
19 facilities.

20 “(g) OPERATION, MANAGEMENT, AND MAINTENANCE  
21 OF FACILITIES.—The Indian Tribe, Tribal Organization,  
22 Indian family, or Indian community has the primary re-  
23 sponsibility to establish, collect, and use reasonable user  
24 fees, or otherwise set aside funding, for the purpose of  
25 operating, managing, and maintaining sanitation facilities.

1 If a sanitation facility serving a community that is oper-  
2 ated by an Indian Tribe, Tribal Organization, or Indian  
3 community is threatened with imminent failure and such  
4 operator lacks capacity to maintain the integrity or the  
5 health benefits of the sanitation facility, then the Sec-  
6 retary is authorized to assist the Indian Tribe, Tribal Or-  
7 ganization, or Indian community in the resolution of the  
8 problem on a short-term basis through cooperation with  
9 the emergency coordinator or by providing operation, man-  
10 agement, and maintenance service.

11 “(h) ISDEAA PROGRAM FUNDED ON EQUAL  
12 BASIS.—Tribal Health Programs shall be eligible (on an  
13 equal basis with programs that are administered directly  
14 by the Service) for—

15 “(1) any funds appropriated pursuant to this  
16 section; and

17 “(2) any funds appropriated for the purpose of  
18 providing sanitation facilities.

19 “(i) REPORT.—

20 “(1) REQUIRED; CONTENTS.—The Secretary  
21 shall submit to the President, for inclusion in each  
22 report required to be transmitted to Congress under  
23 section 801, a report which sets forth—

24 “(A) the current Indian sanitation facility  
25 priority system of the Service;

1           “(B) the methodology for determining  
2 sanitation deficiencies;

3           “(C) the level of initial and final sanitation  
4 deficiency for each type of sanitation facility for  
5 each project of each Indian Tribe or Indian  
6 community; and

7           “(D) the amount of funds necessary to re-  
8 duce the identified sanitation deficiency levels of  
9 all Indian Tribes and Indian communities to  
10 level I sanitation deficiency as defined in para-  
11 graph (4)(A).

12           “(2) CONSULTATION.—In preparing each report  
13 required under paragraph (1), the Secretary shall  
14 consult with Indian Tribes and Tribal Organizations  
15 to determine the sanitation facility needs of each In-  
16 dian Tribe. The criteria on which the needs will be  
17 evaluated shall be developed through negotiated rule-  
18 making pursuant to section 802.

19           “(3) UNIFORM METHODOLOGY.—The method-  
20 ology used by the Secretary in determining, pre-  
21 paring cost estimates for, and reporting sanitation  
22 deficiencies for purposes of paragraph (1) shall be  
23 applied uniformly to all Indian Tribes and Indian  
24 communities.

1           “(4) SANITATION DEFICIENCY LEVELS.—For  
2           purposes of this subsection, the sanitation deficiency  
3           levels for an individual, Indian Tribe or Indian com-  
4           munity sanitation facility to serve Indian homes are  
5           determined as follows:

6                   “(A) A level I deficiency exists if a sanita-  
7                   tion facility serving an individual, Indian Tribe,  
8                   or Indian community—

9                           “(i) complies with all applicable water  
10                          supply, pollution control, and solid waste  
11                          disposal laws; and

12                           “(ii) deficiencies relate to routine re-  
13                          placement, repair, or maintenance needs.

14                   “(B) A level II deficiency exists if a sanita-  
15                   tion facility serving an individual, Indian Tribe,  
16                   or Indian community substantially or recently  
17                   complied with all applicable water supply, pollu-  
18                   tion control, and solid waste laws and any defi-  
19                   ciencies relate to—

20                           “(i) small or minor capital improve-  
21                          ments needed to bring the facility back  
22                          into compliance;

23                           “(ii) capital improvements that are  
24                          necessary to enlarge or improve the facili-

1 ties in order to meet the current needs for  
2 domestic sanitation facilities; or

3 “(iii) the lack of equipment or train-  
4 ing by an Indian Tribe, Tribal Organiza-  
5 tion, or an Indian community to properly  
6 operate and maintain the sanitation facili-  
7 ties.

8 “(C) A level III deficiency exists if a sani-  
9 tation facility serving an individual, Indian  
10 Tribe or Indian community meets one or more  
11 of the following conditions—

12 “(i) water or sewer service in the  
13 home is provided by a haul system with  
14 holding tanks and interior plumbing;

15 “(ii) major significant interruptions to  
16 water supply or sewage disposal occur fre-  
17 quently, requiring major capital improve-  
18 ments to correct the deficiencies; or

19 “(iii) there is no access to or no ap-  
20 proved or permitted solid waste facility  
21 available.

22 “(D) A level IV deficiency exists if—

23 “(i) a sanitation facility of an indi-  
24 vidual, Indian Tribe, Tribal Organization,  
25 or Indian community has no piped water

1 or sewer facilities in the home or the facil-  
2 ity has become inoperable due to major  
3 component failure; or

4 “(ii) where only a washeteria or cen-  
5 tral facility exists in the community.

6 “(E) A level V deficiency exists in the ab-  
7 sence of a sanitation facility, where individual  
8 homes do not have access to safe drinking  
9 water or adequate wastewater (including sew-  
10 age) disposal.

11 “(j) DEFINITIONS.—For purposes of this section, the  
12 following terms apply:

13 “(1) INDIAN COMMUNITY.—The term ‘Indian  
14 community’ means a geographic area, a significant  
15 proportion of whose inhabitants are Indians and  
16 which is served by or capable of being served by a  
17 facility described in this section.

18 “(2) SANITATION FACILITIES.—The terms  
19 ‘sanitation facility’ and ‘sanitation facilities’ mean  
20 safe and adequate water supply systems, sanitary  
21 sewage disposal systems, and sanitary solid waste  
22 systems (and all related equipment and support in-  
23 frastructure).

1 **“SEC. 303. PREFERENCE TO INDIANS AND INDIAN FIRMS.**

2       “(a) BUY INDIAN ACT.—The Secretary, acting  
3 through the Service, may use the negotiating authority of  
4 section 23 of the Act of June 25, 1910 (25 U.S.C. 47,  
5 commonly known as the ‘Buy Indian Act’), to give pref-  
6 erence to any Indian or any enterprise, partnership, cor-  
7 poration, or other type of business organization owned and  
8 controlled by an Indian or Indians including former or  
9 currently federally recognized Indian Tribes in the State  
10 of New York (hereinafter referred to as an ‘Indian firm’)  
11 in the construction and renovation of Service facilities pur-  
12 suant to section 301 and in the construction of sanitation  
13 facilities pursuant to section 302. Such preference may be  
14 accorded by the Secretary unless the Secretary finds, pur-  
15 suant to regulations adopted pursuant to section 802, that  
16 the project or function to be contracted for will not be  
17 satisfactory or such project or function cannot be properly  
18 completed or maintained under the proposed contract. The  
19 Secretary, in arriving at such a finding, shall consider  
20 whether the Indian or Indian firm will be deficient with  
21 respect to—

22               “(1) ownership and control by Indians;

23               “(2) equipment;

24               “(3) bookkeeping and accounting procedures;

25               “(4) substantive knowledge of the project or  
26       function to be contracted for;



1 “(5) adequately trained personnel; or

2 “(6) other necessary components of contract  
3 performance.

4 “(b) LABOR STANDARDS.—

5 “(1) IN GENERAL.—For the purposes of imple-  
6 menting the provisions of this title, contracts for the  
7 construction or renovation of health care facilities,  
8 staff quarters, and sanitation facilities, and related  
9 support infrastructure, funded in whole or in part  
10 with funds made available pursuant to this title,  
11 shall contain a provision requiring compliance with  
12 the Act of March 3, 1931 (40 U.S.C. 276a—276a–  
13 5, known as the Davis-Bacon Act), unless such con-  
14 struction or renovation—

15 “(A) is performed by a contractor pursu-  
16 ant to a contract with an Indian Tribe or Trib-  
17 al Organization with funds supplied through a  
18 contract, compact or funding agreement author-  
19 ized by the Indian Self-Determination and Edu-  
20 cation Assistance Act, or other statutory au-  
21 thority; and

22 “(B) is subject to prevailing wage rates for  
23 similar construction or renovation in the locality  
24 as determined by the Indian Tribes or Tribal

1           Organizations to be served by the construction  
2           or renovation.

3           “(2) EXCEPTION.—This subsection shall not  
4           apply to construction or renovation carried out by an  
5           Indian Tribe or Tribal Organization with its own  
6           employees.

7   **“SEC. 304. EXPENDITURE OF NONSERVICE FUNDS FOR REN-**  
8           **OVATION.**

9           “(a) IN GENERAL.—Notwithstanding any other pro-  
10          vision of law, if the requirements of subsection (c) are met,  
11          the Secretary, acting through the Service, is authorized  
12          to accept any major expansion, renovation, or moderniza-  
13          tion by any Indian Tribe or Tribal Organization of any  
14          Service facility or of any other Indian health facility oper-  
15          ated pursuant to a Funding Agreement, including—

16               “(1) any plans or designs for such expansion,  
17               renovation, or modernization; and

18               “(2) any expansion, renovation, or moderniza-  
19               tion for which funds appropriated under any Federal  
20               law were lawfully expended.

21          “(b) PRIORITY LIST.—

22               “(1) IN GENERAL.—The Secretary shall main-  
23               tain a separate priority list to address the needs for  
24               increased operating expenses, personnel, or equip-  
25               ment for such facilities. The methodology for estab-

1       lishing priorities shall be developed through nego-  
2       tiated rulemaking under section 802. The list of pri-  
3       ority facilities will be revised annually in consulta-  
4       tion with Indian Tribes and Tribal Organizations.

5               “(2) REPORT.—The Secretary shall submit to  
6       the President, for inclusion in each report required  
7       to be transmitted to Congress under section 801, the  
8       priority list maintained pursuant to paragraph (1).

9               “(c) REQUIREMENTS.—The requirements of this sub-  
10      section are met with respect to any expansion, renovation,  
11      or modernization if—

12              “(1) the Indian Tribe or Tribal Organization—

13                      “(A) provides notice to the Secretary of its  
14                      intent to expand, renovate, or modernize; and

15                      “(B) applies to the Secretary to be placed  
16                      on a separate priority list to address the needs  
17                      of such new facilities for increased operating ex-  
18                      penses, personnel, or equipment; and

19              “(2) the expansion, renovation, or moderniza-  
20      tion—

21                      “(A) is approved by the appropriate area  
22                      director of the Service for Federal facilities; and

23                      “(B) is administered by the Indian Tribe  
24                      or Tribal Organization in accordance with any  
25                      applicable regulations prescribed by the Sec-

1           retary with respect to construction or renova-  
2           tion of Service facilities.

3           “(d) CLOSURE OR CONVERSION OF FACILITIES.—If  
4 any Service facility which has been expanded, renovated,  
5 or modernized by an Indian Tribe or Tribal Organization  
6 under this section ceases to be used as a Service facility  
7 during the 20-year period beginning on the date such ex-  
8 pansion, renovation, or modernization is completed, such  
9 Indian Tribe or Tribal Organization shall be entitled to  
10 recover from the United States an amount which bears  
11 the same ratio to the value of such facility at the time  
12 of such cessation as the value of such expansion, renova-  
13 tion, or modernization (less the total amount of any funds  
14 provided specifically for such facility under any Federal  
15 program that were expended for such expansion, renova-  
16 tion, or modernization) bore to the value of such facility  
17 at the time of the completion of such expansion, renova-  
18 tion, or modernization.

19   **“SEC. 305. FUNDING FOR THE CONSTRUCTION, EXPANSION,**  
20                   **AND MODERNIZATION OF SMALL AMBULA-**  
21                   **TORY CARE FACILITIES.**

22           “(a) FUNDING.—

23           “(1) IN GENERAL.—The Secretary, acting  
24 through the Service, in consultation with Indian  
25 Tribes and Tribal Organizations, shall make funding

1 available to Indian Tribes and Tribal Organizations  
2 for the construction, expansion, or modernization of  
3 facilities for the provision of ambulatory care serv-  
4 ices to eligible Indians (and noneligible persons pur-  
5 suant to subsections (b)(2) and (c)(1)(C)). Funding  
6 made under this section may cover up to 100 per-  
7 cent of the costs of such construction, expansion, or  
8 modernization. For the purposes of this section, the  
9 term ‘construction’ includes the replacement of an  
10 existing facility.

11 “(2) FUNDING AGREEMENT REQUIRED.—Fund-  
12 ing under paragraph (1) may only be made available  
13 to a Tribal Health Program operating an Indian  
14 health facility (other than a facility owned or con-  
15 structed by the Service, including a facility originally  
16 owned or constructed by the Service and transferred  
17 to an Indian Tribe or Tribal Organization).

18 “(b) USE OF FUNDS.—

19 “(1) ALLOWABLE USES.—Funding provided  
20 under this section may be used only for debt reduc-  
21 tion or the construction, expansion, or modernization  
22 (including the planning and design of such construc-  
23 tion, expansion, or modernization) of an ambulatory  
24 care facility—

25 “(A) located apart from a hospital;

1           “(B) not funded under section 301 or sec-  
2           tion 307; and

3           “(C) which, upon completion of such con-  
4           struction or modernization will—

5                   “(i) have a total capacity appropriate  
6                   to its projected service population;

7                   “(ii) provide annually no fewer than  
8                   500 patient visits by eligible Indians and  
9                   other users who are eligible for services in  
10                  such facility in accordance with section  
11                  807(c)(2); and

12                  “(iii) provide ambulatory care in a  
13                  Service Area (specified in the Funding  
14                  Agreement) with a population of no fewer  
15                  than 1,500 eligible Indians and other users  
16                  who are eligible for services in such facility  
17                  in accordance with section 807(c)(2).

18           “(2) USE ONLY FOR CERTAIN PORTION OF  
19           COSTS.—Funding provided under this section may  
20           be used only for the cost of that portion of a con-  
21           struction, expansion, or modernization project that  
22           benefits the Service population identified above in  
23           subsection (b)(1)(C)(ii) and (iii). The requirements  
24           of clauses (ii) and (iii) of paragraph (1)(C) shall not  
25           apply to an Indian Tribe or Tribal Organization ap-

1       plying for funding under this section whose principal  
2       office for health care administration is located on an  
3       island or when such office is not located on a road  
4       system providing direct access to an inpatient hos-  
5       pital where care is available to the Service popu-  
6       lation.

7       “(c) FUNDING.—

8               “(1) APPLICATION.—No funding may be made  
9       available under this section unless an application or  
10      proposal for such funding has been approved by the  
11      Secretary in accordance with applicable regulations  
12      and has forth reasonable assurance by the applicant  
13      that, at all times after the construction, expansion,  
14      or modernization of a facility carried out pursuant  
15      to funding received under this section—

16              “(A) adequate financial support will be  
17      available for the provision of services at such  
18      facility;

19              “(B) such facility will be available to eligi-  
20      ble Indians without regard to ability to pay or  
21      source of payment; and

22              “(C) such facility will, as feasible without  
23      diminishing the quality or quantity of services  
24      provided to eligible Indians, serve noneligible  
25      persons on a cost basis.

1           “(2) PRIORITY.—In awarding funding under  
2           this section, the Secretary shall give priority to In-  
3           dian Tribes and Tribal Organizations that dem-  
4           onstrate—

5                   “(A) a need for increased ambulatory care  
6                   services; and

7                   “(B) insufficient capacity to deliver such  
8                   services.

9           “(3) PEER REVIEW PANELS.—The Secretary  
10          may provide for the establishment of peer review  
11          panels, as necessary, to review and evaluate applica-  
12          tions and proposals and to advise the Secretary re-  
13          garding such applications using the criteria devel-  
14          oped during consultations pursuant to subsection  
15          (a)(1).

16          “(d) REVERSION OF FACILITIES.—If any facility (or  
17          portion thereof) with respect to which funds have been  
18          paid under this section, ceases, within 5 years after com-  
19          pletion of the construction, expansion, or modernization  
20          carried out with such funds, to be used for the purposes  
21          of providing health care services to eligible Indians, all of  
22          the right, title, and interest in and to such facility (or por-  
23          tion thereof) shall transfer to the United States unless  
24          otherwise negotiated by the Service and the Indian Tribe  
25          or Tribal Organization.



1       “(e) FUNDING NONRECURRING.—Funding provided  
2 under this section shall be nonrecurring and shall not be  
3 available for inclusion in any individual Indian Tribe’s  
4 tribal share for an award under the Indian Self-Deter-  
5 mination and Education Assistance Act or for reallocation  
6 or redesign thereunder.

7       **“SEC. 306. INDIAN HEALTH CARE DELIVERY DEMONSTRA-**  
8                               **TION PROJECT.**

9       “(a) HEALTH CARE DEMONSTRATION PROJECTS.—  
10 The Secretary, acting through the Service, and in con-  
11 sultation with Indian Tribes and Tribal Organizations, is  
12 authorized to enter into Funding Agreements with, or  
13 make grants or loan guarantees to, Indian Tribes or Trib-  
14 al Organizations for the purpose of carrying out a health  
15 care delivery demonstration project to test alternative  
16 means of delivering health care and services to Indians  
17 through facilities, including but not limited to hospice, tra-  
18 ditional Indian health, and child care facilities.

19       “(b) USE OF FUNDS.—The Secretary, in approving  
20 projects pursuant to this section, may authorize funding  
21 for the construction and renovation of hospitals, health  
22 centers, health stations, and other facilities to deliver  
23 health care services and is authorized to—

24               “(1) waive any leasing prohibition;

1           “(2) permit carryover of funds appropriated for  
2           the provision of health care services;

3           “(3) permit the use of other available funds;

4           “(4) permit the use of funds or property do-  
5           nated from any source for project purposes;

6           “(5) provide for the reversion of donated real or  
7           personal property to the donor; and

8           “(6) permit the use of Service funds to match  
9           other funds, including Federal funds.

10          “(c) REGULATIONS.—The Secretary shall develop  
11          and publish regulations, through rulemaking under section  
12          802, for the review and approval of applications submitted  
13          under this section.

14          “(d) CRITERIA.—The Secretary may enter into a con-  
15          tract or Funding Agreement or award a grant under this  
16          section for projects which meet the following criteria:

17               “(1) There is a need for a new facility or pro-  
18               gram or the reorientation of an existing facility or  
19               program.

20               “(2) A significant number of Indians, including  
21               those with low health status, will be served by the  
22               project.

23               “(3) The project has the potential to deliver  
24               services in an efficient and effective manner.

25               “(4) The project is economically viable.

1           “(5) The Indian Tribe or Tribal Organization  
2           has the administrative and financial capability to ad-  
3           minister the project.

4           “(6) The project is integrated with providers of  
5           related health and social services and is coordinated  
6           with, and avoids duplication of, existing services.

7           “(e) PEER REVIEW PANELS.—The Secretary may  
8           provide for the establishment of peer review panels, as nec-  
9           essary, to review and evaluate applications using the cri-  
10          teria developed pursuant to subsection (d).

11          “(f) PRIORITY.—The Secretary shall give priority to  
12          applications for demonstration projects in each of the fol-  
13          lowing Service Units to the extent that such applications  
14          are timely filed and meet the criteria specified in sub-  
15          section (d):

16               “(1) Cass Lake, Minnesota.

17               “(2) Clinton, Oklahoma.

18               “(3) Harlem, Montana.

19               “(4) Mescalero, New Mexico.

20               “(5) Owyhee, Nevada.

21               “(6) Parker, Arizona.

22               “(7) Schurz, Nevada.

23               “(8) Winnebago, Nebraska.

24               “(9) Ft. Yuma, California.

1       “(g) TECHNICAL ASSISTANCE.—The Secretary shall  
2 provide such technical and other assistance as may be nec-  
3 essary to enable applicants to comply with the provisions  
4 of this section.

5       “(h) SERVICE TO INELIGIBLE PERSONS.—The au-  
6 thority to provide services to persons otherwise ineligible  
7 for the health care benefits of the Service and the author-  
8 ity to extend hospital privileges in Service facilities to non-  
9 Service health practitioners as provided in section 807  
10 may be included, subject to the terms of such section, in  
11 any demonstration project approved pursuant to this sec-  
12 tion.

13       “(i) EQUITABLE TREATMENT.—For purposes of sub-  
14 section (d)(1), the Secretary shall, in evaluating facilities  
15 operated under any Funding Agreement, use the same cri-  
16 teria that the Secretary uses in evaluating facilities oper-  
17 ated directly by the Service.

18       “(j) EQUITABLE INTEGRATION OF FACILITIES.—The  
19 Secretary shall ensure that the planning, design, construc-  
20 tion, renovation, and expansion needs of Service and non-  
21 Service facilities which are the subject of a Funding  
22 Agreement for health services are fully and equitably inte-  
23 grated into the implementation of the health care delivery  
24 demonstration projects under this section.

1   **“SEC. 307. LAND TRANSFER.**

2           “(a) CHEMAWA INDIAN SCHOOL.—The Bureau of In-  
3   dian Affairs is authorized to transfer, at no cost, up to  
4   5 acres of land at the Chemawa Indian School, Salem,  
5   Oregon, to the Service for the provision of health care  
6   services. The land authorized to be transferred by this sec-  
7   tion is that land adjacent to land under the jurisdiction  
8   of the Service and occupied by the Chemawa Indian  
9   Health Center.

10          “(b) FEDERAL LAND TO THE SERVICE.—Notwith-  
11   standing any other provision of law, the Bureau of Indian  
12   Affairs and all other agencies and departments of the  
13   United States are authorized to transfer, at no cost, land  
14   and improvements to the Service for the provision of  
15   health care services. The Secretary is authorized to accept  
16   such land and improvements for such purposes.

17   **“SEC. 308. LEASES, CONTRACTS, AND OTHER AGREEMENTS.**

18          “The Secretary, acting through the Service, may  
19   enter into leases, contracts, and other agreements with In-  
20   dian Tribes and Tribal Organizations which hold (1) title  
21   to, (2) a leasehold interest in, or (3) a beneficial interest  
22   in (when title is held by the United States in trust for  
23   the benefit of an Indian Tribe) facilities used or to be used  
24   for the administration and delivery of health services by  
25   an Indian Health Program. Such leases, contracts, or  
26   agreements may include provisions for construction or ren-

1 ovation and provide for compensation to the Indian Tribe  
2 or Tribal Organization of rental and other costs consistent  
3 with section 105(l) of the Indian Self-Determination Act  
4 and regulations thereunder. Notwithstanding any other  
5 provision of law, such leases, contracts, or other agree-  
6 ments shall be considered as operating leases for the pur-  
7 pose of scoring under the Budget Enforcement Act.

8 **“SEC. 309. LOANS, LOAN GUARANTEES, AND LOAN REPAY-**  
9 **MENT.**

10 “(a) ESTABLISHMENT OF FUND.—There is estab-  
11 lished in the Treasury of the United States a fund to be  
12 known as the Health Care Facilities Loan Fund (herein-  
13 after referred to as the ‘HCFLF’) to provide to Indian  
14 Tribes and Tribal Organizations direct loans, or guaran-  
15 tees for loans, for construction of health care facilities (in-  
16 cluding but not limited to inpatient facilities, outpatient  
17 facilities, staff quarters, hostels, and specialized care fa-  
18 cilities such as behavioral health and elder care facilities).

19 “(b) REGULATIONS; STANDARDS AND PROCE-  
20 DURES.—The Secretary, acting through the Service, is au-  
21 thorized to issue regulations, developed through rule-  
22 making as set out in section 802, to provide standards  
23 and procedures for governing such loans and loan guaran-  
24 tees, subject to the following conditions:

1           “(1) The principal amount of a loan or loan  
2           guarantee may cover 100 percent of eligible costs,  
3           including but not limited to planning, design, financ-  
4           ing, site land development, construction, rehabilita-  
5           tion, renovation, conversion, improvements, medical  
6           equipment and furnishings, other facility-related  
7           costs and capital purchase (but excluding staffing).

8           “(2) The cumulative total of the principal of di-  
9           rect loans and loan guarantees, respectively, out-  
10          standing at any one time shall not exceed such limi-  
11          tations as may be specified in appropriation Acts.

12          “(3) In the discretion of the Secretary, the pro-  
13          gram may be administered by the Service or the  
14          Health Resources and Services Administration  
15          (which shall be specified by regulation).

16          “(4) The Secretary may make or guarantee a  
17          loan with a term of the useful estimated life of the  
18          facility, or 25 years, whichever is shorter.

19          “(5) The Secretary may allocate up to 100 per-  
20          cent of the funds available for loans or loan guaran-  
21          tees in any year for the purpose of planning and ap-  
22          plying for a loan or loan guarantee.

23          “(6) The Secretary may accept an assignment  
24          of the revenue of an Indian Tribe or Tribal Organi-

1        zation as security for any direct loan or loan guar-  
2        antee under this section.

3            “(7) In the planning and design of health facili-  
4        ties under this section, users eligible under section  
5        807(c) may be included in any projection of patient  
6        population.

7            “(8) The Secretary shall not collect loan appli-  
8        cation, processing, or other similar fees from Indian  
9        Tribes or Tribal Organizations applying for direct  
10       loans or loan guarantees under this section.

11           “(9) Service funds authorized under loans or  
12        loan guarantees in this section shall be eligible for  
13        use in matching other Federal funds.

14        “(c) AMOUNT FOR HCFLF.—

15           “(1) IN GENERAL.—The HCFLF shall consist  
16        of—

17            “(A) such sums as may be initially appro-  
18        priated to the HCFLF and as may be subse-  
19        quently appropriated to the fund under para-  
20        graph (2);

21            “(B) such amounts as may be collected  
22        from borrowers; and

23            “(C) all interest earned on amounts in the  
24        HCFLF.



1           “(2) INITIAL FUNDS.—There are authorized to  
2           be appropriated such sums as may be necessary to  
3           initiate the HCFLF. For each fiscal year after the  
4           initial year in which funds are appropriated to the  
5           HCFLF, there is authorized to be appropriated an  
6           amount equal to the sum of the amount collected by  
7           the HCFLF during the preceding fiscal year and all  
8           accrued interest.

9           “(3) AVAILABLE UNTIL EXPENDED.—All  
10          amounts appropriated, collected, or earned relative  
11          to the HCFLF shall remain available until ex-  
12          pended.

13          “(4) INVESTMENTS.—The Secretary of the  
14          Treasury shall invest such amounts of the HCFLF  
15          as such Secretary determines are not required to  
16          meet current withdrawals from the HCFLF. Such  
17          investments may be made only in interest-bearing  
18          obligations of the United States. For such purpose,  
19          such obligations may be acquired on original issue at  
20          the issue price or by purchase of outstanding obliga-  
21          tions at the market price. Any obligation acquired by  
22          the fund may be sold by the Secretary of the Treas-  
23          ury at the market price.

24          “(d) LOANS UNDER ISDEAA.—Amounts in the  
25          HCFLF and available pursuant to appropriation Acts may

1 be expended by the Secretary to make loans under this  
2 section to a Tribal Health Program.

3 “(e) GRANTS TO REPAY LOANS.—The Secretary is  
4 authorized to establish a program to provide grants to In-  
5 dian Tribes and Tribal Organizations for the purpose of  
6 repaying all or part of any loan obtained by an Indian  
7 Tribe or Tribal Organization for construction and renova-  
8 tion of health care facilities (including inpatient facilities,  
9 outpatient facilities, small ambulatory care, staff quarters,  
10 and specialized care facilities). Loans eligible for such re-  
11 payment grants shall include loans that have been ob-  
12 tained under this section or otherwise.

13 **“SEC. 310. TRIBAL LEASING.**

14 “A Tribal Health Program may lease permanent  
15 structures for the purpose of providing health care services  
16 without obtaining advance approval in appropriation Acts.

17 **“SEC. 311. INDIAN HEALTH SERVICE/TRIBAL FACILITIES**  
18 **JOINT VENTURE PROGRAM.**

19 “(a) IN GENERAL.—The Secretary, acting through  
20 the Service, shall make arrangements with Indian Tribes  
21 and Tribal Organizations to establish joint venture dem-  
22 onstration projects under which an Indian Tribe or Tribal  
23 Organization shall expend tribal, private, or other avail-  
24 able funds, for the acquisition or construction of a health  
25 facility for a minimum of 10 years, under a no-cost lease,

1 in exchange for agreement by the Service to provide the  
2 equipment, supplies, and staffing for the operation and  
3 maintenance of such a health facility. An Indian Tribe or  
4 Tribal Organization may use tribal funds, private sector,  
5 or other available resources, including loan guarantees, to  
6 fulfill its commitment under a joint venture entered into  
7 under this subsection. An Indian Tribe or Tribal Organi-  
8 zation shall be eligible to establish a joint venture project  
9 if, when it submits a letter of intent, it—

10           “(1) has begun but not completed the process  
11           of acquisition or construction of a health facility to  
12           be used in the joint venture project; or

13           “(2) has not begun the process of acquisition or  
14           construction of a health facility for use in the joint  
15           venture project.

16           “(b) REQUIREMENTS.—The Secretary shall make  
17           such an arrangement with an Indian Tribe or Tribal Orga-  
18           nization only if—

19           “(1) the Secretary first determines that the In-  
20           dian Tribe or Tribal Organization has the adminis-  
21           trative and financial capabilities necessary to com-  
22           plete the timely acquisition or construction of the  
23           relevant health facility; and

24           “(2) the Indian Tribe or Tribal Organization  
25           meets the need criteria which shall be developed

1 through the negotiated rulemaking process provided  
2 for under section 802.

3 “(c) CONTINUED OPERATION.—The Secretary shall  
4 negotiate an agreement with the Indian Tribe or Tribal  
5 Organization regarding the continued operation of the fa-  
6 cility at the end of the initial 10 year no-cost lease period.

7 “(d) BREACH OF AGREEMENT.—An Indian Tribe or  
8 Tribal Organization that has entered into a written agree-  
9 ment with the Secretary under this section, and that  
10 breaches or terminates without cause such agreement,  
11 shall be liable to the United States for the amount that  
12 has been paid to the Indian Tribe or Tribal Organization,  
13 or paid to a third party on the Indian Tribe’s or Tribal  
14 Organization’s behalf, under the agreement. The Sec-  
15 retary has the right to recover tangible property (including  
16 supplies) and equipment, less depreciation, and any funds  
17 expended for operations and maintenance under this sec-  
18 tion. The preceding sentence does not apply to any funds  
19 expended for the delivery of health care services, per-  
20 sonnel, or staffing.

21 “(e) RECOVERY FOR NONUSE.—An Indian Tribe or  
22 Tribal Organization that has entered into a written agree-  
23 ment with the Secretary under this subsection shall be en-  
24 titled to recover from the United States an amount that  
25 is proportional to the value of such facility if, at any time

1 within the 10-year term of the agreement, the Service  
2 ceases to use the facility or otherwise breaches the agree-  
3 ment.

4 “(f) DEFINITION.—For the purposes of this section,  
5 the term ‘health facility’ or ‘health facilities’ includes  
6 quarters needed to provide housing for staff of the rel-  
7 evant Tribal Health Program.

8 **“SEC. 312. LOCATION OF FACILITIES.**

9 “(a) IN GENERAL.—In all matters involving the reor-  
10 ganization or development of Service facilities or in the  
11 establishment of related employment projects to address  
12 unemployment conditions in economically depressed areas,  
13 the Bureau of Indian Affairs and the Service shall give  
14 priority to locating such facilities and projects on Indian  
15 lands if requested by the Indian owner and the Indian  
16 Tribe with jurisdiction over such lands or other lands  
17 owned or leased by the Indian Tribe or Tribal Organiza-  
18 tion. Top priority shall be given to Indian land owned by  
19 1 or more Indian Tribes.

20 “(b) DEFINITION.—For purposes of this section, the  
21 term ‘Indian lands’ means—

22 “(1) all lands within the exterior boundaries of  
23 any reservation;

24 “(2) any lands title to which is held in trust by  
25 the United States for the benefit of any Indian

1 Tribe or individual Indian or held by any Indian  
2 Tribe or individual Indian subject to restriction by  
3 the United States against alienation and over which  
4 an Indian Tribe exercises governmental power; and

5 “(3) all lands in Alaska owned by any Alaska  
6 Native village, or village or regional corporation  
7 under the Alaska Native Claims Settlement Act, or  
8 any land allotted to any Alaska Native.

9 **“SEC. 313. MAINTENANCE AND IMPROVEMENT OF HEALTH**  
10 **CARE FACILITIES.**

11 “(a) REPORT.—The Secretary shall submit to the  
12 President, for inclusion in the report required to be trans-  
13 mitted to Congress under section 801, a report which iden-  
14 tifies the backlog of maintenance and repair work required  
15 at both Service and tribal health care facilities, including  
16 new health care facilities expected to be in operation in  
17 the next fiscal year. The report shall also identify the need  
18 for renovation and expansion of existing facilities to sup-  
19 port the growth of health care programs.

20 “(b) MAINTENANCE OF NEWLY CONSTRUCTED  
21 SPACE.—The Secretary, acting through the Service, is au-  
22 thorized to expend maintenance and improvement funds  
23 to support maintenance of newly constructed space only  
24 if such space falls within the approved supportable space  
25 allocation for the Indian Tribe or Tribal Organization.

1 Supportable space allocation shall be defined through the  
2 negotiated rulemaking process provided for under section  
3 802.

4 “(c) REPLACEMENT FACILITIES.—In addition to  
5 using maintenance and improvement funds for renovation,  
6 modernization, and expansion of facilities, an Indian Tribe  
7 or Tribal Organization may use maintenance and improve-  
8 ment funds for construction of a replacement facility if  
9 the costs of renovation of such facility would exceed a  
10 maximum renovation cost threshold. The maximum ren-  
11 ovation cost threshold shall be determined through the ne-  
12 gotiated rulemaking process provided for under section  
13 802.

14 **“SEC. 314. TRIBAL MANAGEMENT OF FEDERALLY OWNED**  
15 **QUARTERS.**

16 “(a) RENTAL RATES.—

17 “(1) ESTABLISHMENT.—Notwithstanding any  
18 other provision of law, a Tribal Health Program  
19 which operates a hospital or other health facility and  
20 the federally owned quarters associated therewith  
21 pursuant to a Funding Agreement shall have the au-  
22 thority to establish the rental rates charged to the  
23 occupants of such quarters by providing notice to  
24 the Secretary of its election to exercise such author-  
25 ity.

1           “(2) OBJECTIVES.—In establishing rental rates  
2           pursuant to authority of this subsection, a Tribal  
3           Health Program shall endeavor to achieve the fol-  
4           lowing objectives:

5                   “(A) To base such rental rates on the rea-  
6                   sonable value of the quarters to the occupants  
7                   thereof.

8                   “(B) To generate sufficient funds to pru-  
9                   dently provide for the operation and mainte-  
10                  nance of the quarters, and subject to the discre-  
11                  tion of the Tribal Health Program, to supply  
12                  reserve funds for capital repairs and replace-  
13                  ment of the quarters.

14           “(3) EQUITABLE FUNDING.—Any quarters  
15           whose rental rates are established by a Tribal  
16           Health Program pursuant to this subsection shall  
17           remain eligible for quarters improvement and repair  
18           funds to the same extent as all federally owned  
19           quarters used to house personnel in Services-sup-  
20           ported programs.

21           “(4) NOTICE OF RATE CHANGE.—A Tribal  
22           Health Program which exercises the authority pro-  
23           vided under this subsection shall provide occupants  
24           with no less than 60 days notice of any change in  
25           rental rates.



1 “(b) DIRECT COLLECTION OF RENT.—

2 “(1) IN GENERAL.—Notwithstanding any other  
3 provision of law, and subject to paragraph (2), a  
4 Tribal Health Program shall have the authority to  
5 collect rents directly from Federal employees who oc-  
6 cupy such quarters in accordance with the following:

7 “(A) The Tribal Health Program shall no-  
8 tify the Secretary and the subject Federal em-  
9 ployees of its election to exercise its authority  
10 to collect rents directly from such Federal em-  
11 ployees.

12 “(B) Upon receipt of a notice described in  
13 subparagraph (A), the Federal employees shall  
14 pay rents for occupancy of such quarters di-  
15 rectly to the Tribal Health Program and the  
16 Secretary shall have no further authority to col-  
17 lect rents from such employees through payroll  
18 deduction or otherwise.

19 “(C) Such rent payments shall be retained  
20 by the Tribal Health Program and shall not be  
21 made payable to or otherwise be deposited with  
22 the United States.

23 “(D) Such rent payments shall be depos-  
24 ited into a separate account which shall be used  
25 by the Tribal Health Program for the mainte-

1 nance (including capital repairs and replace-  
2 ment) and operation of the quarters and facili-  
3 ties as the Tribal Health Program shall deter-  
4 mine.

5 “(2) RETROCESSION OF AUTHORITY.—If a  
6 Tribal Health Program which has made an election  
7 under paragraph (1) requests retrocession of its au-  
8 thority to directly collect rents from Federal employ-  
9 ees occupying federally owned quarters, such ret-  
10 rocession shall become effective on the earlier of—

11 “(A) the first day of the month that begins  
12 no less than 180 days after the Tribal Health  
13 Program notifies the Secretary of its desire to  
14 retrocede; or

15 “(B) such other date as may be mutually  
16 agreed by the Secretary and the Tribal Health  
17 Program.

18 “(c) RATES IN ALASKA.—To the extent that a Tribal  
19 Health Program, pursuant to authority granted in sub-  
20 section (a), establishes rental rates for federally owned  
21 quarters provided to a Federal employee in Alaska, such  
22 rents may be based on the cost of comparable private rent-  
23 al housing in the nearest established community with a  
24 year-round population of 1,500 or more individuals.

1   **“SEC. 315. APPLICABILITY OF BUY AMERICAN ACT RE-**  
2                   **QUIREMENT.**

3           “(a) **APPLICABILITY.**—The Secretary shall ensure  
4 that the requirements of the Buy American Act apply to  
5 all procurements made with funds provided pursuant to  
6 section 317. Indian Tribes and Tribal Organizations shall  
7 be exempt from these requirements.

8           “(b) **EFFECT OF VIOLATION.**—If it has been finally  
9 determined by a court or Federal agency that any person  
10 intentionally affixed a label bearing a ‘Made in America’  
11 inscription or any inscription with the same meaning, to  
12 any product sold in or shipped to the United States that  
13 is not made in the United States, such person shall be  
14 ineligible to receive any contract or subcontract made with  
15 funds provided pursuant to section 317, pursuant to the  
16 debarment, suspension, and ineligibility procedures de-  
17 scribed in sections 9.400 through 9.409 of title 48, Code  
18 of Federal Regulations.

19           “(c) **DEFINITIONS.**—For purposes of this section, the  
20 term ‘Buy American Act’ means title III of the Act enti-  
21 tled ‘An Act making appropriations for the Treasury and  
22 Post Office Departments for the fiscal year ending June  
23 30, 1934, and for other purposes’, approved March 3,  
24 1933 (41 U.S.C. 10a et seq.).

1   **“SEC. 316. OTHER FUNDING FOR FACILITIES.**

2           “(a) **AUTHORITY TO ACCEPT FUNDS.**—The Sec-  
3   retary is authorized to accept from any source, including  
4   Federal and State agencies, funds that are available for  
5   the construction of health care facilities and use such  
6   funds to plan, design, and construct health care facilities  
7   for Indians and to place such funds into Funding Agree-  
8   ments. Receipt of such funds shall have no effect on the  
9   priorities established pursuant to section 301.

10          “(b) **INTERAGENCY AGREEMENTS.**—The Secretary is  
11   authorized to enter into interagency agreements with  
12   other Federal agencies or State agencies and other entities  
13   and to accept funds from such Federal or State agencies  
14   or other sources to provide for the planning, design, and  
15   construction of health care facilities to be administered by  
16   Indian Health Programs in order to carry out the pur-  
17   poses of this Act and the purposes for which the funds  
18   were appropriated or for which the funds were otherwise  
19   provided.

20          “(c) **TRANSFERRED FUNDS.**—Any Federal agency to  
21   which funds for the construction of health care facilities  
22   are appropriated is authorized to transfer such funds to  
23   the Secretary for the construction of health care facilities  
24   to carry out the purposes of this Act as well as the pur-  
25   poses for which such funds are appropriated to such other  
26   Federal agency.

1       “(d) ESTABLISHMENT OF STANDARDS.—The Sec-  
2 retary, through the Service, shall establish standards by  
3 regulation, developed by rulemaking under section 802, for  
4 the planning, design, and construction of health care fa-  
5 cilities serving Indians under this Act.

6       **“SEC. 317. AUTHORIZATION OF APPROPRIATIONS.**

7       “There are authorized to be appropriated such sums  
8 as may be necessary for each fiscal year through fiscal  
9 year 2015 to carry out this title.

10       **“TITLE IV—ACCESS TO HEALTH**  
11                                   **SERVICES**

12       **“SEC. 401. TREATMENT OF PAYMENTS UNDER SOCIAL SE-**  
13                                   **CURITY ACT HEALTH CARE PROGRAMS.**

14       “(a) DISREGARD OF MEDICARE, MEDICAID, AND  
15 SCHIP PAYMENTS IN DETERMINING APPROPRIATIONS.—  
16 Any payments received by an Indian Health Program or  
17 by an Urban Indian Organization made under title XVIII,  
18 XIX, or XXI of the Social Security Act for services pro-  
19 vided to Indians eligible for benefits under such respective  
20 titles shall not be considered in determining appropria-  
21 tions for the provision of health care and services to Indi-  
22 ans.

23       “(b) NONPREFERENTIAL TREATMENT.—Nothing in  
24 this Act authorizes the Secretary to provide services to an  
25 Indian with coverage under title XVIII, XIX, or XXI of

1 the Social Security Act in preference to an Indian without  
2 such coverage.

3 “(c) USE OF FUNDS.—

4 “(1) SPECIAL FUND.—Notwithstanding any  
5 other provision of law, but subject to paragraph (2), pay-  
6 ments to which a facility of the Service is entitled by rea-  
7 son of a provision of the Social Security Act shall be  
8 placed in a special fund to be held by the Secretary and  
9 first used (to such extent or in such amounts as are pro-  
10 vided in appropriation Acts) for the purpose of making  
11 any improvements in the programs of the Service which  
12 may be necessary to achieve or maintain compliance with  
13 the applicable conditions and requirements of titles  
14 XVIII, XIX, and XXI of the Social Security Act. Any  
15 amounts to be reimbursed that are in excess of the  
16 amount necessary to achieve or maintain such conditions  
17 and requirements shall, subject to the consultation with  
18 Indian Tribes being served by the Service Unit, be used  
19 for reducing the health resource deficiencies of the Indian  
20 Tribes. In making payments from such fund, the Sec-  
21 retary shall ensure that each Service Unit of the Service  
22 receives 100 percent of the amount to which the facilities  
23 of the Service, for which such Service Unit makes collec-  
24 tions, are entitled by reason of a provision of the Social  
25 Security Act.

1           “(2) DIRECT PAYMENT OPTION.—Paragraph  
2           (1) shall not apply upon the election of a Tribal  
3           Health Program under subsection (d) to receive pay-  
4           ments directly. No payment may be made out of the  
5           special fund described in such paragraph with re-  
6           spect to reimbursement made for services provided  
7           during the period of such election.

8           “(d) DIRECT BILLING.—

9           “(1) IN GENERAL.—A Tribal Health Program  
10          may directly bill for, and receive payment for, health  
11          care items and services provided by such Indian  
12          tribe or organization for which payment is made  
13          under title XVIII, XIX, or XXI of the Social Secu-  
14          rity Act or from any other third party payor.

15          “(2) DIRECT REIMBURSEMENT.—

16          “(A) USE OF FUNDS.—Each Tribal Health  
17          Program exercising the option described in  
18          paragraph (1) with respect to a program under  
19          a title of the Social Security Act shall be reim-  
20          bursed directly by that program for items and  
21          services furnished without regard to any other  
22          provision of law, but all amounts so reimbursed  
23          shall be used by the Tribal Health Program for  
24          the purpose of making any improvements in  
25          Tribal facilities or Tribal Health Programs that

1           may be necessary to achieve or maintain com-  
2           pliance with the conditions and requirements  
3           applicable generally to such items and services  
4           under the program under such title and to pro-  
5           vide additional health care services, improve-  
6           ments in health care facilities and Tribal  
7           Health Programs, any health care-related pur-  
8           pose, or otherwise to achieve the objectives pro-  
9           vided in section 3 of this Act.

10           “(B) AUDITS.—The amounts paid to an  
11           Indian Tribe or Tribal Organization exercising  
12           the option described in paragraph (1) with re-  
13           spect to a program under a title of the Social  
14           Security Act shall be subject to all auditing re-  
15           quirements applicable to programs administered  
16           by an Indian Health Program.

17           “(3) EXAMINATION AND IMPLEMENTATION OF  
18           CHANGES.—The Secretary, acting through the Serv-  
19           ice and with the assistance of the Administrator of  
20           the Centers for Medicare & Medicaid Services, shall  
21           examine on an ongoing basis and implement any ad-  
22           ministrative changes that may be necessary to facili-  
23           tate direct billing and reimbursement under the pro-  
24           gram established under this subsection, including  
25           any agreements with States that may be necessary



1 to provide for direct billing under a program under  
2 a title of the Social Security Act.

3 “(4) WITHDRAWAL FROM PROGRAM.—A Tribal  
4 Health Program that bills directly under the pro-  
5 gram established under this subsection may with-  
6 draw from participation in the same manner and  
7 under the same conditions that an Indian Tribe or  
8 Tribal Organization may retrocede a contracted pro-  
9 gram to the Secretary under the authority of the In-  
10 dian Self-Determination and Education Assistance  
11 Act (25 U.S.C. 450 et seq.). All cost accounting and  
12 billing authority under the program established  
13 under this subsection shall be returned to the Sec-  
14 retary upon the Secretary’s acceptance of the with-  
15 drawal of participation in this program.

16 **“SEC. 402. GRANTS TO AND FUNDING AGREEMENTS WITH**  
17 **THE SERVICE, INDIAN TRIBES, TRIBAL ORGA-**  
18 **NIZATIONS, AND URBAN INDIAN ORGANIZA-**  
19 **TIONS.**

20 “(a) INDIAN TRIBES AND TRIBAL ORGANIZA-  
21 TIONS.—The Secretary, acting through the Service, shall  
22 make grants to or enter into Funding Agreements with  
23 Indian Tribes and Tribal Organizations to assist such  
24 Tribes and Tribal Organizations in establishing and ad-

1 ministering programs on or near reservations and trust  
2 lands to assist individual Indians—

3 “(1) to enroll for benefits under title XVIII,  
4 XIX, or XXI of the Social Security Act and other  
5 health benefits programs; and

6 “(2) to pay premiums for coverage for such  
7 benefits, which may be based on financial need (as  
8 determined by the Indian Tribe or Tribes being  
9 served based on a schedule of income levels devel-  
10 oped or implemented by such Tribe or Tribes).

11 “(b) CONDITIONS.—The Secretary, acting through  
12 the Service, shall place conditions as deemed necessary to  
13 effect the purpose of this section in any grant or Funding  
14 Agreement which the Secretary makes with any Indian  
15 Tribe or Tribal Organization pursuant to this section.  
16 Such conditions shall include requirements that the Indian  
17 Tribe or Tribal Organization successfully undertake—

18 “(1) to determine the population of Indians eli-  
19 gible for the benefits described in subsection (a);

20 “(2) to educate Indians with respect to the ben-  
21 efits available under the respective programs;

22 “(3) to provide transportation to such indi-  
23 vidual Indians to the appropriate offices for enroll-  
24 ment or applications for such benefits; and

1           “(4) to develop and implement methods of im-  
2       proving the participation of Indians in receiving the  
3       benefits provided under titles XVIII, XIX, and XXI  
4       of the Social Security Act.

5       “(c) AGREEMENTS RELATING TO IMPROVING EN-  
6       ROLLMENT OF INDIANS UNDER SOCIAL SECURITY ACT  
7       PROGRAMS.—

8           “(1) AGREEMENTS WITH SECRETARY TO IM-  
9       PROVE RECEIPT AND PROCESSING OF APPLICA-  
10      TIONS.—

11           “(A) AUTHORIZATION.—The Secretary,  
12       acting through the Service, may enter into an  
13       agreement with an Indian Tribe, Tribal Organi-  
14       zation, or Urban Indian Organization which  
15       provides for the receipt and processing of appli-  
16       cations by Indians for assistance under titles  
17       XIX and XXI of the Social Security Act, and  
18       benefits under title XVIII of such Act, by an  
19       Indian Health Program or Urban Indian Orga-  
20       nization.

21           “(B) REIMBURSEMENT OF COSTS.—Such  
22       agreements may provide for reimbursement of  
23       costs of outreach, education regarding eligibility  
24       and benefits, and translation when such services  
25       are provided. The reimbursement may, as ap-

1           appropriate, be added to the applicable rate per  
2           encounter or be provided as a separate fee-for-  
3           service payment to the Indian Tribe or Tribal  
4           Organization.

5           “(C) PROCESSING CLARIFIED.—In this  
6           paragraph, the term ‘processing’ does not in-  
7           clude a final determination of eligibility.

8           “(2) AGREEMENTS WITH STATES FOR OUT-  
9           REACH ON OR NEAR RESERVATION.—

10           “(A) IN GENERAL.—In order to improve  
11           the access of Indians residing on or near a res-  
12           ervation to obtain benefits under title XIX or  
13           XXI of the Social Security Act, as a condition  
14           of continuing approval of a State plan under  
15           such title, the State shall take steps as to pro-  
16           vide for enrollment on or near the reservation.  
17           Such steps may include outreach efforts such as  
18           the outstationing of eligibility workers, entering  
19           into agreements with Indian Tribes and Tribal  
20           Organizations to provide outreach, education re-  
21           garding eligibility and benefits, enrollment, and  
22           translation services when such services are pro-  
23           vided.

24           “(B) CONSTRUCTION.—Nothing in sub-  
25           paragraph (A) shall be construed as affecting

1 arrangements entered into between States and  
2 Indian Tribes and Tribal Organizations for  
3 such Indian Tribes and Tribal Organizations to  
4 conduct administrative activities under such ti-  
5 tles.

6 “(d) FACILITATING COOPERATION.—The Secretary,  
7 acting through the Centers for Medicare & Medicaid Serv-  
8 ices, shall take such steps as are necessary to facilitate  
9 cooperation with, and agreements between, States and the  
10 Service, Indian Tribes, Tribal Organizations, or Urban In-  
11 dian Organizations.

12 “(e) APPLICATION TO URBAN INDIAN ORGANIZA-  
13 TIONS.—

14 “(1) IN GENERAL.—The provisions of sub-  
15 section (a) shall apply with respect to grants and  
16 other funding to Urban Indian Organizations with  
17 respect to populations served by such organizations  
18 in the same manner they apply to grants and Fund-  
19 ing Agreements with Indian tribes and Tribal Orga-  
20 nizations with respect to programs on or near res-  
21 ervations.

22 “(2) REQUIREMENTS.—The Secretary shall in-  
23 clude in the grants or Funding Agreements made or  
24 provided under paragraph (1) requirements that  
25 are—

1                   “(A) consistent with the requirements im-  
2                   posed by the Secretary under subsection (b);

3                   “(B) appropriate to Urban Indian Organi-  
4                   zations and Urban Indians; and

5                   “(C) necessary to effect the purposes of  
6                   this section.

7   **“SEC. 403. REIMBURSEMENT FROM CERTAIN THIRD PAR-**  
8                   **TIES OF COSTS OF HEALTH SERVICES.**

9           “(a) RIGHT OF RECOVERY.—Except as provided in  
10 subsection (f), the United States, an Indian Tribe, or  
11 Tribal Organization shall have the right to recover from  
12 an insurance company, health maintenance organization,  
13 employee benefit plan, third-party tortfeasor, or any other  
14 responsible or liable third party (including a political sub-  
15 division or local governmental entity of a State) the rea-  
16 sonable charges billed (or, if charges are not billed, the  
17 operational, administrative, and other expenses incurred)  
18 by the Secretary, an Indian Tribe, or Tribal Organization  
19 in providing health services, through the Service, an In-  
20 dian Tribe, or Tribal Organization to any individual to the  
21 same extent that such individual, or any nongovernmental  
22 provider of such services, would be eligible to receive dam-  
23 ages, reimbursement, or indemnification for such charges  
24 or expenses if—

1           “(1) such services had been provided by a non-  
2       governmental provider; and

3           “(2) such individual had been required to pay  
4       such charges or expenses and did pay such charges  
5       or expenses.

6       “(b) LIMITATIONS ON RECOVERIES FROM STATES.—  
7       Subsection (a) shall provide a right of recovery against  
8       any State, only if the injury, illness, or disability for which  
9       health services were provided is covered under—

10           “(1) workers’ compensation laws; or

11           “(2) a no-fault automobile accident insurance  
12       plan or program.

13       “(c) NONAPPLICATION OF OTHER LAWS.—No law of  
14       any State, or of any political subdivision of a State and  
15       no provision of any contract, insurance or health mainte-  
16       nance organization policy, employee benefit plan, self-in-  
17       surance plan, managed care plan, or other health care plan  
18       or program entered into or renewed after the date of the  
19       enactment of the Indian Health Care Amendments of  
20       1988, shall prevent or hinder the right of recovery of the  
21       United States, an Indian Tribe, or Tribal Organization  
22       under subsection (a).

23       “(d) NO EFFECT ON PRIVATE RIGHTS OF ACTION.—  
24       No action taken by the United States, an Indian Tribe,  
25       or Tribal Organization to enforce the right of recovery

1 provided under subsection (a) shall operate to deny to the  
2 injured person the recovery for that portion of the person's  
3 damage not covered hereunder.

4 “(e) ENFORCEMENT.—

5 “(1) IN GENERAL.—The United States, an In-  
6 dian Tribe, or Tribal Organization may enforce the  
7 right of recovery provided under subsection (a) by—

8 “(A) intervening or joining in any civil ac-  
9 tion or proceeding brought—

10 “(i) by the individual for whom health  
11 services were provided by the Secretary, an  
12 Indian Tribe, or Tribal Organization; or

13 “(ii) by any representative or heirs of  
14 such individual, or

15 “(B) instituting a civil action, including a  
16 civil action for injunctive relief and other relief  
17 and including, with respect to a political sub-  
18 division or local governmental entity of a State,  
19 such an action against an official thereof.

20 “(2) NOTICE.—All reasonable efforts shall be  
21 made to provide notice of action instituted under  
22 paragraph (1)(B) to the individual to whom health  
23 services were provided, either before or during the  
24 pendency of such action.



1       “(f) LIMITATION.—Absent specific written authoriza-  
2   tion by the governing body of an Indian Tribe for the pe-  
3   riod of such authorization (which may not be for a period  
4   of more than 1 year and which may be revoked at any  
5   time upon written notice by the governing body to the  
6   Service), the United States shall not have a right of recov-  
7   ery under this section if the injury, illness, or disability  
8   for which health services were provided is covered under  
9   a self-insurance plan funded by an Indian Tribe, Tribal  
10   Organization, or Urban Indian Organization. Where such  
11   authorization is provided, the Service may receive and ex-  
12   pend such amounts for the provision of additional health  
13   services consistent with such authorization.

14       “(g) COSTS AND ATTORNEYS’ FEES.—In any action  
15   brought to enforce the provisions of this section, a pre-  
16   vailing plaintiff shall be awarded its reasonable attorneys’  
17   fees and costs of litigation.

18       “(h) RIGHT OF ACTION AGAINST INSURERS, HMOs,  
19   EMPLOYEE BENEFIT PLANS, SELF-INSURANCE PLANS,  
20   AND OTHER HEALTH CARE PLANS OR PROGRAMS.—  
21   Where an insurance company, health maintenance organi-  
22   zation, employee benefit plan, self-insurance plan, man-  
23   aged care plan, or other health care plan or program fails  
24   or refuses to pay the amount due under subsection (a)  
25   for services provided to an individual who is a beneficiary,

1 participant, or insured of such company, organization,  
2 plan, or program, the United States, Indian Tribe, or  
3 Tribal Organization shall have a right to assert and pur-  
4 sue all the claims and remedies against such company, or-  
5 ganization, plan, or program and against the fiduciaries  
6 of such company, organization, plan, or program that the  
7 individual could assert or pursue under the terms of the  
8 contract, program, or plan or applicable Federal, State,  
9 or Tribal law.

10       “(i) NONAPPLICATION OF CLAIMS FILING REQUIRE-  
11 MENTS.—An insurance company, health maintenance or-  
12 ganization, self-insurance plan, managed care plan, or  
13 other health care plan or program (under the Social Secu-  
14 rity Act or otherwise) may not deny a claim for benefits  
15 submitted by the Service or by an Indian Tribe or Tribal  
16 Organization based on the format in which the claim is  
17 submitted if such format complies with the format re-  
18 quired for submission of claims under title XVIII of the  
19 Social Security Act or recognized under section 1175 of  
20 such Act.

21       “(j) APPLICATION TO URBAN INDIAN ORGANIZA-  
22 TIONS.—The previous provisions of this section shall apply  
23 to Urban Indian Organizations with respect to populations  
24 served by such Organizations in the same manner they  
25 apply to Indian Tribes and Tribal Organizations with re-

1 spect to populations served by such Indian Tribes and  
2 Tribal Organizations.

3 “(k) STATUTE OF LIMITATIONS.—The provisions of  
4 section 2415 of title 28, United States Code, shall apply  
5 to all actions commenced under this section, and the ref-  
6 erences therein to the United States are deemed to include  
7 Indian Tribes, Tribal Organizations, and Urban Indian  
8 Organizations.

9 “(l) SAVINGS.—Nothing in this section shall be con-  
10 strued to limit any right of recovery available to the  
11 United States, an Indian Tribe, or Tribal Organization  
12 under the provisions of any applicable, Federal, State, or  
13 Tribal law, including medical lien laws and the Federal  
14 Medical Care Recovery Act (42 U.S.C. 2651 et seq.).

15 **“SEC. 404. CREDITING OF REIMBURSEMENTS.**

16 “(a) USE OF AMOUNTS.—

17 “(1) RETENTION BY PROGRAM.—Except as pro-  
18 vided in section 202(g) (relating to the Catastrophic  
19 Health Emergency Fund) and section 807 (relating  
20 to health services for ineligible persons), all reim-  
21 bursements received or recovered under any of the  
22 programs described in paragraph (2), including  
23 under section 807, by reason of the provision of  
24 health services by the Service, by an Indian Tribe or  
25 Tribal Organization, or by an Urban Indian Organi-

1        zation, shall be credited to the Service, such Indian  
2        Tribe or Tribal Organization, or such Urban Indian  
3        Organization, respectively, and may be used as pro-  
4        vided in section 401. In the case of such a service  
5        provided by or through a Service Unit, such  
6        amounts shall be credited to such unit and used for  
7        such purposes.

8            “(2) PROGRAMS COVERED.—The programs re-  
9        ferred to in paragraph (1) are the following:

10            “(A) Titles XVIII, XIX, and XXI of the  
11        Social Security Act.

12            “(B) This Act, including section 807.

13            “(C) Public Law 87–693.

14            “(D) Any other provision of law.

15        “(b) NO OFFSET OF AMOUNTS.—The Service may  
16        not offset or limit any amount obligated to any Service  
17        Unit or entity receiving funding from the Service because  
18        of the receipt of reimbursements under subsection (a).

19        **“SEC. 405. PURCHASING HEALTH CARE COVERAGE.**

20            “(a) IN GENERAL.—Insofar as amounts are made  
21        available under law (including a provision of the Social  
22        Security Act, the Indian Self-Determination and Edu-  
23        cation Assistance Act, or other law, other than under sec-  
24        tion 402) to Indian Tribes, Tribal Organizations, and  
25        Urban Indian Organizations for health benefits for Service

1 beneficiaries, Indian Tribes, Tribal Organizations, and  
2 Urban Indian Organizations may use such amounts to  
3 purchase health benefits coverage for such beneficiaries in  
4 any manner, including through—

5           “(1) a tribally owned and operated health care  
6       plan;

7           “(2) a State or locally authorized or licensed  
8       health care plan;

9           “(3) a health insurance provider or managed  
10      care organization; or

11          “(4) a self-insured plan.

12 The purchase of such coverage by an Indian Tribe, Tribal  
13 Organization, or Urban Indian Organization may be based  
14 on the financial needs of such beneficiaries (as determined  
15 by the Indian Tribe or Tribes being served based on a  
16 schedule of income levels developed or implemented by  
17 such Indian Tribe or Tribes).

18       “(b) EXPENSES FOR SELF-INSURED PLAN.—In the  
19 case of a self-insured plan under subsection (a)(4), the  
20 amounts may be used for expenses of operating the plan,  
21 including administration and insurance to limit the finan-  
22 cial risks to the entity offering the plan.

23       “(c) CONSTRUCTION.—Nothing in this section shall  
24 be construed as affecting the use of any amounts not re-  
25 ferred to in subsection (a).

1   **“SEC. 406. SHARING ARRANGEMENTS WITH FEDERAL AGEN-**  
2                           **CIES.**

3           “(a) AUTHORITY.—

4                   “(1) IN GENERAL.—The Secretary may enter  
5           into (or expand) arrangements for the sharing of  
6           medical facilities and services between the Service,  
7           Indian Tribes, and Tribal Organizations and the De-  
8           partment of Veterans Affairs and the Department of  
9           Defense.

10                   “(2) CONSULTATION BY SECRETARY RE-  
11           QUIRED.—The Secretary may not finalize any ar-  
12           rangement between the Service and a Department  
13           described in paragraph (1) without first consulting  
14           with the Indian Tribes which will be significantly af-  
15           fected by the arrangement.

16                   “(b) LIMITATIONS.—The Secretary shall not take  
17           any action under this section or under subchapter IV of  
18           chapter 81 of title 38, United States Code, which would  
19           impair—

20                   “(1) the priority access of any Indian to health  
21           care services provided through the Service and the  
22           eligibility of any Indian to receive health services  
23           through the Service;

24                   “(2) the quality of health care services provided  
25           to any Indian through the Service;

1           “(3) the priority access of any veteran to health  
2       care services provided by the Department of Vet-  
3       erans Affairs;

4           “(4) the quality of health care services provided  
5       by the Department of Veterans Affairs or the De-  
6       partment of Defense; or

7           “(5) the eligibility of any Indian who is a vet-  
8       eran to receive health services through the Depart-  
9       ment of Veterans Affairs.

10       “(c) REIMBURSEMENT.—The Service, Indian Tribe,  
11   or Tribal Organization shall be reimbursed by the Depart-  
12   ment of Veterans Affairs or the Department of Defense  
13   (as the case may be) where services are provided through  
14   the Service, an Indian Tribe, or a Tribal Organization to  
15   beneficiaries eligible for services from either such Depart-  
16   ment, notwithstanding any other provision of law.

17       “(d) CONSTRUCTION.—Nothing in this section may  
18   be construed as creating any right of a non-Indian veteran  
19   to obtain health services from the Service.

20   **“SEC. 407. PAYOR OF LAST RESORT.**

21       “Indian Health Programs and health care programs  
22   operated by Urban Indian Organizations shall be the  
23   payor of last resort for services provided to persons eligible  
24   for services from Indian Health Programs and Urban In-

1 dian Organizations, notwithstanding any Federal, State,  
2 or local law to the contrary.

3 **“SEC. 408. NONDISCRIMINATION IN QUALIFICATIONS FOR**  
4 **REIMBURSEMENT FOR SERVICES.**

5 “For purposes of determining the eligibility of an en-  
6 tity that is operated by the Service, an Indian Tribe, Trib-  
7 al Organization, or Urban Indian Organization to receive  
8 payment or reimbursement from any federally funded  
9 health care program for health care services it furnishes  
10 to an Indian, any requirement that the entity be licensed  
11 or recognized under State or local law to furnish such  
12 services shall be deemed to have been met if the entity  
13 meets quality requirements for the furnishing of such serv-  
14 ices recognized by the Secretary.

15 **“SEC. 409. CONSULTATION.**

16 “(a) NATIONAL INDIAN TECHNICAL ADVISORY  
17 GROUP (TAG).—

18 “(1) ESTABLISHMENT AND MEMBERSHIP.—The  
19 Secretary shall establish a National Indian Technical  
20 Advisory Group (in this subsection referred to as the  
21 ‘Advisory Group’) which shall have no fewer than 14  
22 members including at least 1 member designated by  
23 the Indian Tribes and Tribal Organizations in each  
24 Service Area, 1 Urban Indian Organization rep-  
25 resentative, and 1 member representing the Service.



1       The Secretary may appoint additional members  
2       upon the recommendation of the Advisory Group.

3               “(2) DUTIES.—

4               “(A) IDENTIFICATION OF ISSUES.—The  
5       Advisory Group shall assist the Secretary in  
6       identifying and addressing issues regarding the  
7       health care programs under the Social Security  
8       Act (including medicare, medicaid, and SCHIP)  
9       that have implications for Indian Health Pro-  
10      grams or Urban Indian Organizations. The Ad-  
11      visory Group shall provide advice to the Sec-  
12      retary with respect to those issues and with re-  
13      spect to the need for the Secretary to engage in  
14      consultation with Indian Tribes, Tribal Organi-  
15      zations, and Urban Indian Organizations.

16              “(B) CONSTRUCTION.—Nothing in sub-  
17      paragraph (A) shall be construed as affecting  
18      any requirement under any applicable Executive  
19      order for the Secretary to consult with Indian  
20      Tribes in cases of health care policies that have  
21      implications for Indian Health Programs or  
22      Urban Indian Organizations.

23              “(3) FUNDING.—The Secretary shall pay the  
24      expenses of the Advisory Group using the general

1 administrative funds of the Centers for Medicare &  
2 Medicaid Services.

3 “(4) NONAPPLICATION OF FEDERAL ADVISORY  
4 COMMITTEE ACT.—The Federal Advisory Committee  
5 Act (5 U.S.C. App.) shall not apply to the Advisory  
6 Group.

7 “(5) MEETINGS.—The Secretary shall convene  
8 meetings of the Advisory Group no less frequently  
9 than quarterly.

10 “(b) SOLICITATION OF MEDICAID ADVICE.—

11 “(1) IN GENERAL.—As a requirement for pay-  
12 ment under title XIX of the Social Security Act to  
13 a State in which the Service operates or funds  
14 health care programs or in which 1 or more Indian  
15 Health Programs or Urban Indian Organizations  
16 provide health care in the State for which medical  
17 assistance is available under such title, the State  
18 shall establish a process under which the State seeks  
19 advice on a regular, ongoing basis (at least on a  
20 quarterly basis) from designees of such Indian  
21 Health Programs and Urban Indian Organizations  
22 on matters relating to the application of such title  
23 to such Indian Health Programs and Urban Indian  
24 Organizations.

1           “(2) MANNER OF ADVICE.—Such process shall  
 2       be in addition to (and not in lieu of) any consulta-  
 3       tion otherwise required by law and shall apply before  
 4       the submittal of plan amendments, waiver requests,  
 5       and proposals for demonstration projects. Such proc-  
 6       ess may include appointment of an advisory com-  
 7       mittee and of a designee of such Indian Health Pro-  
 8       grams and Urban Indian Organizations to the med-  
 9       ical care advisory committee advising the State on  
 10      its medicaid plan.

11           “(3) PAYMENT OF EXPENSES.—Expenses in  
 12      carrying out this subsection shall be treated as rea-  
 13      sonable administrative expenses for which reimburse-  
 14      ment may be made under section 1903(a) of the So-  
 15      cial Security Act.

16           “(c) CONSTRUCTION.—Nothing in this section shall  
 17      be construed as superseding existing advisory committees,  
 18      working groups, or other advisory procedures established  
 19      by the Secretary or by any State.

20      **“SEC. 410. STATE CHILDREN’S HEALTH INSURANCE PRO-**  
 21                           **GRAM (SCHIP).**

22           “(a) AUTHORIZATION FOR ARRANGEMENTS.—Not-  
 23      withstanding any other provision of law, insofar as the  
 24      State health plan of a State under title XXI of the Social  
 25      Security Act may provide (whether through its medicaid

1 plan under title XIX of such Act or otherwise) child or  
2 other health assistance to individuals who are otherwise  
3 served by the Service or by an Indian Tribe or Tribal Or-  
4 ganization, the Secretary may enter into an arrangement  
5 with the State and with the Service or 1 or more Indian  
6 Tribes and Tribal Organizations in the State under which  
7 a portion of the funds otherwise made available to the  
8 State under such title with respect to such individuals is  
9 provided to the Service, Indian Tribe, or Tribal Organiza-  
10 tion, respectively, for the purpose of providing such assist-  
11 ance to such individuals consistent with the purposes of  
12 such title.

13 “(b) ENTERING INTO ARRANGEMENTS.—

14 “(1) IN GENERAL.—Notwithstanding any other  
15 provision of law, in the case of a State which has an  
16 unexpended allotment amount described in para-  
17 graph (2) for a fiscal year, before effecting any real-  
18 lotment of such amount to other States, at the re-  
19 quest of the Service or 1 or more Indian Tribes or  
20 Tribal Organizations that operate in the State with  
21 respect to individuals who are served by such Serv-  
22 ice, Indian Tribes, or Tribal Organizations, the Sec-  
23 retary shall enter into an arrangement with the  
24 Service, Indian Tribes, or Tribal Organizations  
25 under which the Indian child proportion (as defined

1 in paragraph (3)) for such Service, Indian Tribes,  
2 or Tribal Organizations of such unexpended allot-  
3 ment amount is made available to the Service or  
4 such Indian Tribes or Tribal Organizations for the  
5 purpose of providing child health or other assistance  
6 to individuals who are otherwise served by the Serv-  
7 ice or by such Indian Tribes or Tribal Organizations  
8 consistent with the purposes of title XXI of the So-  
9 cial Security Act. Insofar as amounts are made  
10 available under the preceding sentence, such  
11 amounts shall be treated (for purposes of title XXI  
12 of the Social Security Act) as if they had been ex-  
13 pended during the period referred to in paragraph  
14 (2).

15 “(2) UNEXPENDED ALLOTMENT AMOUNT.—For  
16 purposes of this subsection, the term ‘unexpended  
17 allotment amount’ means, with respect to an allot-  
18 ment to a State under section 2104 of the Social Se-  
19 curity Act for a fiscal year, the portion of such allot-  
20 ment which was not expended by the State during  
21 the period in which such allotment is available for  
22 expenditure by the State and which would, but for  
23 this subsection, be reallocated to other States.

24 “(3) INDIAN CHILD PROPORTION.—For pur-  
25 poses of this subsection, the term ‘Indian child pro-

1       portion’ means, with respect to an unexpended allot-  
2       ment amount for a State and an arrangement under  
3       paragraph (1) with the Service or Indian Tribes or  
4       Tribal Organizations, the proportion of targeted low-  
5       income children in the State (as defined in section  
6       2110(b) of the Social Security Act) who are Indians  
7       who would be served under an arrangement with the  
8       Service or such Indian Tribes or Tribal Organiza-  
9       tions under such paragraph, as estimated by the  
10      Secretary of Health and Human Services based  
11      upon the best available data before a portion of the  
12      unexpended allotment amount is made available  
13      under this subsection.

14   **“SEC. 411. SOCIAL SECURITY ACT SANCTIONS.**

15       “(a) REQUESTS FOR WAIVER OF SANCTIONS.—For  
16      purposes of applying any authority under a provision of  
17      title XI, XVIII, XIX, or XXI of the Social Security Act  
18      to seek a waiver of a sanction imposed against a health  
19      care provider insofar as that provider provides services to  
20      individuals through an Indian Health Program, any re-  
21      quirement that a State request such a waiver shall be  
22      deemed to be met if such Indian Health Program requests  
23      such a waiver.

24       “(b) SAFE HARBOR FOR TRANSACTIONS BETWEEN  
25      AND AMONG INDIAN HEALTH CARE PROGRAMS.—For

1 purposes of applying section 1128B(b) of the Social Secu-  
2 rity Act, the exchange of anything of value between or  
3 among the following shall not be treated as remuneration  
4 if the exchange arises from or relates to any of the fol-  
5 lowing health programs:

6           “(1) An exchange between or among the fol-  
7       lowing:

8                   “(A) Any Indian Health Program.

9                   “(B) Any Urban Indian Organization.

10           “(2) An exchange between an Indian Tribe,  
11       Tribal Organization, or an Urban Indian Organiza-  
12       tion and any patient served or eligible for service  
13       from an Indian Tribe, Tribal Organization, or  
14       Urban Indian Organization, including patients  
15       served or eligible for service pursuant to section 807,  
16       but only if such exchange—

17                   “(A) is for the purpose of transporting the  
18       patient for the provision of health care items or  
19       services;

20                   “(B) is for the purpose of providing hous-  
21       ing to the patient (including a pregnant pa-  
22       tient) and immediate family members or an es-  
23       cort incidental to assuring the timely provision  
24       of health care items and services to the patient;

1           “(C) is for the purpose of paying pre-  
2           miums, copayments, deductibles, or other cost-  
3           sharing on behalf of patients; or

4           “(D) consists of an item or service of small  
5           value that is provided as a reasonable incentive  
6           to secure timely and necessary preventive and  
7           other items and services.

8           “(3) Such other exchanges involving an Indian  
9           Health Program, an Urban Indian Organization, or  
10          an Indian Tribe or Tribal Organization as meet such  
11          standards as the Secretary of Health and Human  
12          Services, in consultation with the Attorney General,  
13          determines is appropriate, taking into account the  
14          special circumstances of such Indian Health Pro-  
15          grams, Urban Indian Organizations, Indian Tribes,  
16          and Tribal Organizations and of patients served by  
17          Indian Health Programs, Urban Indian Organiza-  
18          tions, Indian Tribes, and Tribal Organizations.

19   **“SEC. 412. COST SHARING.**

20          “(a)       COINSURANCE,       COPAYMENTS,       AND  
21   DEDUCTIBLES.—Notwithstanding any other provision of  
22   Federal or State law—

23          “(1)   PROTECTION   FOR   ELIGIBLE   INDIANS  
24   UNDER SOCIAL SECURITY ACT HEALTH PRO-  
25   GRAMS.—No Indian who is furnished an item or



1 service for which payment may be made under title  
2 XVIII, XIX, or XXI of the Social Security Act may  
3 be charged a deductible, copayment, or coinsurance  
4 if the item or service is furnished by, or upon refer-  
5 ral made by, the Service, an Indian Tribe, Tribal  
6 Organization, or Urban Indian Organization.

7 “(2) PROTECTION FOR INDIANS.—No Indian  
8 who is furnished an item or service by the Service  
9 may be charged a deductible, copayment, or coinsur-  
10 ance.

11 “(3) NO REDUCTION IN AMOUNT OF PAYMENT  
12 TO INDIAN HEALTH PROVIDERS.—The payment or  
13 reimbursement due to the Service, Indian Tribe,  
14 Tribal Organization, or Urban Indian Organization  
15 under title XVIII, XIX, or XXI of the Social Secu-  
16 rity Act may not be reduced by the amount of the  
17 deductible, copayment, or coinsurance that would be  
18 due from the Indian but for the operation of this  
19 section.

20 “(b) EXEMPTION FROM MEDICAID AND SCHIP PRE-  
21 MIUMS.—Notwithstanding any other provision of Federal  
22 or State law, no Indian who is otherwise eligible for serv-  
23 ices under title XIX of the Social Security Act (relating  
24 to the medicaid program) or title XXI of such Act (relat-  
25 ing to the State children’s health insurance program) may

1 be charged a premium as a condition of receiving benefits  
2 under the program under the respective title.

3 “(c) MEDICALLY NEEDED PROGRAM SPEND-DOWN.—  
4 For the purposes of determining the eligibility of an In-  
5 dian for medical assistance under any medically needed op-  
6 tion under a State’s medicaid plan under title XIX of the  
7 Social Security Act, the cost of providing services to an  
8 Indian in a health program of the Service, an Indian  
9 Tribe, Tribal Organization, or Urban Indian Organization  
10 shall be deemed to have been an expenditure for health  
11 care by the Indian.

12 “(d) LIMITATION ON MEDICAL CHILD SUPPORT RE-  
13 COVER.—Notwithstanding any other provision of law, a  
14 parent (whether or not an Indian) of an Indian child shall  
15 not be responsible for reimbursing a State or the Federal  
16 Government under title XIX or XXI of the Social Security  
17 Act for the cost of medical services relating to the child  
18 (including childbirth and including, where such child is a  
19 minor parent, any child of such minor parent) under cir-  
20 cumstances in which payment would have been made  
21 under the contract health services program of an Indian  
22 Health Program but for the child’s (or, in the case of med-  
23 ical services relating to childbirth, mother’s, or grand-  
24 child’s, as the case may be) eligibility under title XIX or  
25 XXI of the Social Security Act.

1       “(e) TREATMENT OF CERTAIN PROPERTY FOR MED-  
2   ICAID ELIGIBILITY.—Notwithstanding any other provision  
3   of Federal or State law, the following property may not  
4   be included when determining eligibility for services under  
5   title XIX of the Social Security Act:

6               “(1) Property, including interests in real prop-  
7       erty currently or formerly held in trust by the Fed-  
8       eral Government which is protected under applicable  
9       Federal, State, or Tribal law or custom from re-  
10      course and including public domain allotments.

11              “(2) Property that has unique religious or cul-  
12      tural significance or that supports subsistence or  
13      traditional lifestyle according to applicable Tribal  
14      law or custom.

15       “(f) CONTINUATION OF CURRENT LAW PROTEC-  
16   TIONS OF CERTAIN INDIAN PROPERTY FROM MEDICAID  
17   ESTATE RECOVERY.—Income, resources, and property  
18   that are exempt from medicaid estate recovery under title  
19   XIX of the Social Security Act as of April 1, 2003, under  
20   manual instructions issued to carry out section 1917(b)(3)  
21   of such Act because of Federal responsibility for Indian  
22   Tribes and Alaska Native Villages shall remain so exempt.  
23   Nothing in this subsection shall be construed as pre-  
24   venting the Secretary from providing additional medicaid  
25   estate recovery exemptions for Indians.

1 **“SEC. 413. TREATMENT UNDER MEDICAID MANAGED CARE.**

2       “(a) PAYMENT FOR SERVICES FURNISHED TO INDI-  
3 ANS.—In the case of an Indian who is enrolled with a  
4 managed care entity under section 1932 of the Social Se-  
5 curity Act (or otherwise under a waiver under title XIX  
6 of such Act) and who receives covered services from an  
7 Indian Health Program or an Urban Indian Organization,  
8 either—

9               “(1) the entity shall make payment to the In-  
10 dian Health Program or Urban Indian Organization  
11 at a rate established by the entity for such services  
12 that is not less than the rate for preferred providers  
13 (or at such other rate as may be negotiated between  
14 the entity and such Indian Health Program or  
15 Urban Indian Organization) and shall not require  
16 submittal of a claim by the enrollee as a condition  
17 of payment to the Indian Health Program or Urban  
18 Indian Organization; or

19               “(2) the State shall provide for payment to the  
20 Indian Health Program or Urban Indian Organiza-  
21 tion under its State plan under title XIX of such  
22 Act at the rate otherwise applicable and shall pro-  
23 vide for an appropriate adjustment of the capitation  
24 payment made to the entity to take into account  
25 such payment.

26       “(b) OFFERING OF MANAGED CARE.—If—

1           “(1) a State elects under its State plan under  
2           title XIX of the Social Security Act to provide serv-  
3           ices through medicaid managed care organizations  
4           or through primary care case managers under sec-  
5           tion 1932 or under a waiver under such title; and

6           “(2) the Indian Health Program or Urban In-  
7           dian Organization that is funded in whole or in part  
8           by the Service, or a consortium thereof, has estab-  
9           lished a medicaid managed care organization or a  
10          primary care case manager that meets quality stand-  
11          ards equivalent to those required of such an organi-  
12          zation or manager under such section or waiver,

13 the State shall enter into an agreement under such section  
14 with the Service, Indian Tribe, Tribal Organization, or  
15 Urban Indian Organization, or such consortium, to serve  
16 as a medicaid managed care organization or a primary  
17 care case manager, respectively with respect to Indians  
18 served by such entity. In carrying out this subsection, the  
19 Secretary and the State may waive requirements regard-  
20 ing enrollment, capitalization, and such other matters that  
21 might otherwise prevent the application of the previous  
22 sentence.

23 **“SEC. 414. NAVAJO NATION MEDICAID AGENCY.**

24           “(a) IN GENERAL.—Notwithstanding any other pro-  
25 vision of law, the Secretary is authorized to treat the Nav-

1   ajo Nation as a State for the purposes of title XIX of  
2   the Social Security Act, to provide services to Indians liv-  
3   ing within the boundaries of the Navajo Nation.

4       “(b) ASSIGNMENT AND PAYMENT.—Notwithstanding  
5   any other provision of law, the Secretary may assign and  
6   pay all expenditures for the provision of services to Indi-  
7   ans living within the boundaries of the Navajo Nation  
8   under title XIX of the Social Security Act and related ad-  
9   ministrative funds under such title, which are currently  
10  paid to or would otherwise be paid to the States of Ari-  
11  zona, New Mexico, and Utah, to an entity established by  
12  the Navajo Nation and approved by the Secretary, which  
13  shall be denominated the Navajo Nation Medicaid Agency.

14       “(c) AUTHORITY.—The Navajo Nation Medicaid  
15  Agency shall serve Indians living within the boundaries of  
16  the Navajo Nation and shall have the same authority and  
17  perform the same functions as other single State medicaid  
18  agencies responsible for the administration of the State  
19  plan under title XIX of the Social Security Act.

20       “(d) TECHNICAL ASSISTANCE.—The Secretary may  
21  directly assist the Navajo Nation in the development and  
22  implementation of a Navajo Nation Medicaid Agency for  
23  the administration, eligibility, payment, and delivery of  
24  medical assistance under title XIX of the Social Security  
25  Act (which shall, for purposes of reimbursement to such

1 Nation, include Western and traditional Navajo healing  
2 services) within the Navajo Nation.

3 “(e) FMAP.—Notwithstanding section 1905(b) of  
4 the Social Security Act, the Federal medical assistance  
5 percentage shall be 100 per centum with respect to  
6 amounts the Navajo Nation Medicaid Agency expends for  
7 medical assistance for services and for related administra-  
8 tive costs.

9 “(f) DEMONSTRATION FUNDING.—The Secretary is  
10 further authorized to assist the Navajo Nation by pro-  
11 viding funding including demonstration grant funding for  
12 this project.

13 “(g) WAIVER AUTHORITY.—The Secretary shall have  
14 the authority to waive applicable provisions of title XIX  
15 of the Social Security Act to establish, develop, and imple-  
16 ment the Navajo Nation Medicaid Agency.

17 “(h) OPTIONAL APPLICATION TO SCHIP.—In the  
18 option of the Navajo Nation, the Secretary is authorized  
19 to treat the Navajo Nation as a State for the purposes  
20 of title XXI of the Social Security Act (relating to the  
21 State children’s health insurance program) under terms  
22 equivalent to those described in subsections (a) through  
23 (g).

1 **“SEC. 415. AUTHORIZATION OF APPROPRIATIONS.**

2 “There are authorized to be appropriated such sums  
3 as may be necessary for each fiscal year through fiscal  
4 year 2015 to carry out this title.

5 **“TITLE V—HEALTH SERVICES**  
6 **FOR URBAN INDIANS**

7 **“SEC. 501. PURPOSE.**

8 “The purpose of this title is to establish programs  
9 in Urban Centers to make health services more accessible  
10 and available to Urban Indians.

11 **“SEC. 502. CONTRACTS WITH, AND GRANTS TO, URBAN IN-**  
12 **DIAN ORGANIZATIONS.**

13 “Under authority of the Act of November 2, 1921  
14 (25 U.S.C. 13; popularly known as the Snyder Act), the  
15 Secretary, acting through the Service, shall enter into con-  
16 tracts with, or make grants to, Urban Indian Organiza-  
17 tions to assist such organizations in the establishment and  
18 administration, within Urban Centers, of programs which  
19 meet the requirements set forth in this title. Subject to  
20 section 506, the Secretary, acting through the Service,  
21 shall include such conditions as the Secretary considers  
22 necessary to effect the purpose of this title in any contract  
23 into which the Secretary enters with, or in any grant the  
24 Secretary makes to, any Urban Indian Organization pur-  
25 suant to this title.



1   **“SEC. 503. CONTRACTS AND GRANTS FOR THE PROVISION**  
2                   **OF HEALTH CARE AND REFERRAL SERVICES.**

3           “(a) REQUIREMENTS FOR GRANTS AND CON-  
4 TRACTS.—Under authority of the Act of November 2,  
5 1921 (25 U.S.C. 13; popularly known as the Snyder Act),  
6 the Secretary, acting through the Service, shall enter into  
7 contracts with, and make grants to, Urban Indian Organi-  
8 zations for the provision of health care and referral serv-  
9 ices for Urban Indians. Any such contract or grant shall  
10 include requirements that the Urban Indian Organization  
11 successfully undertake to—

12           “(1) estimate the population of Urban Indians  
13 residing in the Urban Center or centers that the or-  
14 ganization proposes to serve who are or could be re-  
15 cipients of health care or referral services;

16           “(2) estimate the current health status of  
17 Urban Indians residing in such Urban Center or  
18 centers;

19           “(3) estimate the current health care needs of  
20 Urban Indians residing in such Urban Center or  
21 centers;

22           “(4) provide basic health education, including  
23 health promotion and disease prevention education,  
24 to Urban Indians;

25           “(5) make recommendations to the Secretary  
26 and Federal, State, local, and other resource agen-

1       cies on methods of improving health service pro-  
2       grams to meet the needs of Urban Indians; and

3           “(6) where necessary, provide, or enter into  
4       contracts for the provision of, health care services  
5       for Urban Indians.

6       “(b) CRITERIA.—The Secretary, acting through the  
7       Service, shall by regulation adopted pursuant to section  
8       520 prescribe the criteria for selecting Urban Indian Or-  
9       ganizations to enter into contracts or receive grants under  
10      this section. Such criteria shall, among other factors, in-  
11      clude—

12           “(1) the extent of unmet health care needs of  
13      Urban Indians in the Urban Center or centers in-  
14      volved;

15           “(2) the size of the Urban Indian population in  
16      the Urban Center or centers involved;

17           “(3) the extent, if any, to which the activities  
18      set forth in subsection (a) would duplicate any  
19      project funded under this title;

20           “(4) the capability of an Urban Indian Organi-  
21      zation to perform the activities set forth in sub-  
22      section (a) and to enter into a contract with the Sec-  
23      retary or to meet the requirements for receiving a  
24      grant under this section;

1           “(5) the satisfactory performance and success-  
2           ful completion by an Urban Indian Organization of  
3           other contracts with the Secretary under this title;

4           “(6) the appropriateness and likely effectiveness  
5           of conducting the activities set forth in subsection  
6           (a) in an Urban Center or centers; and

7           “(7) the extent of existing or likely future par-  
8           ticipation in the activities set forth in subsection (a)  
9           by appropriate health and health-related Federal,  
10          State, local, and other agencies.

11          “(c) ACCESS TO HEALTH PROMOTION AND DISEASE  
12          PREVENTION PROGRAMS.—The Secretary, acting through  
13          the Service, shall facilitate access to or provide health pro-  
14          motion and disease prevention services for Urban Indians  
15          through grants made to Urban Indian Organizations ad-  
16          ministering contracts entered into or receiving grants  
17          under subsection (a).

18          “(d) IMMUNIZATION SERVICES.—

19                 “(1) ACCESS OR SERVICES PROVIDED.—The  
20          Secretary, acting through the Service, shall facilitate  
21          access to, or provide, immunization services for  
22          Urban Indians through grants made to Urban In-  
23          dian Organizations administering contracts entered  
24          into or receiving grants under this section.

1           “(2) DEFINITION.—For purposes of this sub-  
2           section, the term ‘immunization services’ means  
3           services to provide without charge immunizations  
4           against vaccine-preventable diseases.

5           “(e) MENTAL HEALTH SERVICES.—

6           “(1) ACCESS OR SERVICES PROVIDED.—The  
7           Secretary, acting through the Service, shall facilitate  
8           access to, or provide, mental health services for  
9           Urban Indians through grants made to Urban In-  
10          dian Organizations administering contracts entered  
11          into or receiving grants under subsection (a).

12          “(2) ASSESSMENT REQUIRED.—Except as pro-  
13          vided by paragraph (3)(A), a grant may not be made  
14          under this subsection to an Urban Indian Organiza-  
15          tion until that organization has prepared, and the  
16          Service has approved, an assessment of the fol-  
17          lowing:

18                 “(A) The mental health needs of the  
19                 Urban Indian population concerned.

20                 “(B) The mental health services and other  
21                 related resources available to that population.

22                 “(C) The barriers to obtaining those serv-  
23                 ices and resources.

24                 “(D) The needs that are unmet by such  
25                 services and resources.

1           “(3) PURPOSES OF GRANTS.—Grants may be  
2       made under this subsection for the following:

3           “(A) To prepare assessments required  
4       under paragraph (2).

5           “(B) To provide outreach, educational, and  
6       referral services to Urban Indians regarding the  
7       availability of direct behavioral health services,  
8       to educate Urban Indians about behavioral  
9       health issues and services, and effect coordina-  
10      tion with existing behavioral health providers in  
11      order to improve services to Urban Indians.

12          “(C) To provide outpatient behavioral  
13      health services to Urban Indians, including the  
14      identification and assessment of illness, thera-  
15      peutic treatments, case management, support  
16      groups, family treatment, and other treatment.

17          “(D) To develop innovative behavioral  
18      health service delivery models which incorporate  
19      Indian cultural support systems and resources.

20      “(f) PREVENTION OF CHILD ABUSE.—

21          “(1) ACCESS OR SERVICES PROVIDED.—The  
22      Secretary, acting through the Service, shall facilitate  
23      access to or provide services for Urban Indians  
24      through grants to Urban Indian Organizations ad-  
25      ministering contracts entered into or receiving

1 grants under subsection (a) to prevent and treat  
2 child abuse (including sexual abuse) among Urban  
3 Indians.

4 “(2) EVALUATION REQUIRED.—Except as pro-  
5 vided by paragraph (3)(A), a grant may not be made  
6 under this subsection to an Urban Indian Organiza-  
7 tion until that organization has prepared, and the  
8 Service has approved, an assessment that documents  
9 the prevalence of child abuse in the Urban Indian  
10 population concerned and specifies the services and  
11 programs (which may not duplicate existing services  
12 and programs) for which the grant is requested.

13 “(3) PURPOSES OF GRANTS.—Grants may be  
14 made under this subsection for the following:

15 “(A) To prepare assessments required  
16 under paragraph (2).

17 “(B) For the development of prevention,  
18 training, and education programs for Urban In-  
19 dians, including child education, parent edu-  
20 cation, provider training on identification and  
21 intervention, education on reporting require-  
22 ments, prevention campaigns, and establishing  
23 service networks of all those involved in Indian  
24 child protection.

1           “(C) To provide direct outpatient treat-  
2           ment services (including individual treatment,  
3           family treatment, group therapy, and support  
4           groups) to Urban Indians who are child victims  
5           of abuse (including sexual abuse) or adult sur-  
6           vivors of child sexual abuse, to the families of  
7           such child victims, and to Urban Indian per-  
8           petrators of child abuse (including sexual  
9           abuse).

10           “(4)    CONSIDERATIONS    WHEN    MAKING  
11           GRANTS.—In making grants to carry out this sub-  
12           section, the Secretary shall take into consideration—

13                   “(A) the support for the Urban Indian Or-  
14                   ganization demonstrated by the child protection  
15                   authorities in the area, including committees or  
16                   other services funded under the Indian Child  
17                   Welfare Act of 1978 (25 U.S.C. 1901 et seq.),  
18                   if any;

19                   “(B) the capability and expertise dem-  
20                   onstrated by the Urban Indian Organization to  
21                   address the complex problem of child sexual  
22                   abuse in the community; and

23                   “(C) the assessment required under para-  
24                   graph (2).

1       “(g) OTHER GRANTS.—The Secretary, acting  
2 through the Service, may enter into a contract with or  
3 make grants to an Urban Indian Organization that pro-  
4 vides or arranges for the provision of health care services  
5 (through satellite facilities, provider networks, or other-  
6 wise) to Urban Indians in more than 1 Urban Center.

7       **“SEC. 504. CONTRACTS AND GRANTS FOR THE DETERMINA-**  
8                               **TION OF UNMET HEALTH CARE NEEDS.**

9       “(a) GRANTS AND CONTRACTS AUTHORIZED.—  
10 Under authority of the Act of November 2, 1921 (25  
11 U.S.C. 13; popularly known as the Snyder Act), the Sec-  
12 retary, acting through the Service, may enter into con-  
13 tracts with or make grants to Urban Indian Organizations  
14 situated in Urban Centers for which contracts have not  
15 been entered into or grants have not been made under sec-  
16 tion 503.

17       “(b) PURPOSE.—The purpose of a contract or grant  
18 made under this section shall be the determination of the  
19 matters described in subsection (c)(1) in order to assist  
20 the Secretary in assessing the health status and health  
21 care needs of Urban Indians in the Urban Center involved  
22 and determining whether the Secretary should enter into  
23 a contract or make a grant under section 503 with respect  
24 to the Urban Indian Organization which the Secretary has



1 entered into a contract with, or made a grant to, under  
2 this section.

3 “(c) GRANT AND CONTRACT REQUIREMENTS.—Any  
4 contract entered into, or grant made, by the Secretary  
5 under this section shall include requirements that—

6 “(1) the Urban Indian Organization success-  
7 fully undertakes to—

8 “(A) document the health care status and  
9 unmet health care needs of Urban Indians in  
10 the Urban Center involved; and

11 “(B) with respect to Urban Indians in the  
12 Urban Center involved, determine the matters  
13 described in paragraphs (2), (3), (4), and (7) of  
14 section 503(b); and

15 “(2) the Urban Indian Organization complete  
16 performance of the contract, or carry out the re-  
17 quirements of the grant, within 1 year after the date  
18 on which the Secretary and such organization enter  
19 into such contract, or within 1 year after such orga-  
20 nization receives such grant, whichever is applicable.

21 “(d) NO RENEWALS.—The Secretary may not renew  
22 any contract entered into or grant made under this sec-  
23 tion.

1   **“SEC. 505. EVALUATIONS; RENEWALS.**

2           “(a) PROCEDURES FOR EVALUATIONS.—The Sec-  
3   retary, acting through the Service, shall develop proce-  
4   dures to evaluate compliance with grant requirements and  
5   compliance with and performance of contracts entered into  
6   by Urban Indian Organizations under this title. Such pro-  
7   cedures shall include provisions for carrying out the re-  
8   quirements of this section.

9           “(b) EVALUATIONS.—The Secretary, acting through  
10   the Service, shall evaluate the compliance of each Urban  
11   Indian Organization which has entered into a contract or  
12   received a grant under section 503 with the terms of such  
13   contract or grant. For purposes of this evaluation, in de-  
14   termining the capacity of an Urban Indian Organization  
15   to deliver quality patient care the Secretary shall, at the  
16   option of the organization—

17           “(1) acting through the Service, conduct an an-  
18   nual onsite evaluation of the organization; or

19           “(2) accept in lieu of such onsite evaluation evi-  
20   dence of the organization’s provisional or full accred-  
21   itation by a private independent entity recognized by  
22   the Secretary for purposes of conducting quality re-  
23   views of providers participating in the Medicare pro-  
24   gram under title XVIII of the Social Security Act.

25           “(c) NONCOMPLIANCE; UNSATISFACTORY PERFORM-  
26   ANCE.—If, as a result of the evaluations conducted under

1 this section, the Secretary determines that an Urban In-  
2 dian Organization has not complied with the requirements  
3 of a grant or complied with or satisfactorily performed a  
4 contract under section 503, the Secretary shall, prior to  
5 renewing such contract or grant, attempt to resolve with  
6 the organization the areas of noncompliance or unsatisfac-  
7 tory performance and modify the contract or grant to pre-  
8 vent future occurrences of noncompliance or unsatisfac-  
9 tory performance. If the Secretary determines that the  
10 noncompliance or unsatisfactory performance cannot be  
11 resolved and prevented in the future, the Secretary shall  
12 not renew the contract or grant with the organization and  
13 is authorized to enter into a contract or make a grant  
14 under section 503 with another Urban Indian Organiza-  
15 tion which is situated in the same Urban Center as the  
16 Urban Indian Organization whose contract or grant is not  
17 renewed under this section.

18 “(d) CONSIDERATIONS FOR RENEWALS.—In deter-  
19 mining whether to renew a contract or grant with an  
20 Urban Indian Organization under section 503 which has  
21 completed performance of a contract or grant under sec-  
22 tion 504, the Secretary shall review the records of the  
23 Urban Indian Organization, the reports submitted under  
24 section 507, and shall consider the results of the onsite  
25 evaluations or accreditations under subsection (b).

1 **“SEC. 506. OTHER CONTRACT AND GRANT REQUIREMENTS.**

2       “(a) **PROCUREMENT.**—Contracts with Urban Indian  
3 Organizations entered into pursuant to this title shall be  
4 in accordance with all Federal contracting laws and regu-  
5 lations relating to procurement except that in the discre-  
6 tion of the Secretary, such contracts may be negotiated  
7 without advertising and need not conform to the provisions  
8 of sections 1304, 3131, and 3133 of title 40, United  
9 States Code.

10       “(b) **PAYMENTS UNDER CONTRACTS OR GRANTS.**—  
11 Payments under any contracts or grants pursuant to this  
12 title shall, notwithstanding any term or condition of such  
13 contract or grant—

14               “(1) be made in their entirety by the Secretary  
15 to the Urban Indian Organization by no later than  
16 the end of the first 30 days of the funding period  
17 with respect to which the payments apply, unless the  
18 Secretary determines through an evaluation under  
19 section 505 that the organization is not capable of  
20 administering such payments in their entirety; and

21               “(2) if any portion thereof is unexpended by the  
22 Urban Indian Organization during the funding pe-  
23 riod with respect to which the payments initially  
24 apply, shall be carried forward for expenditure with  
25 respect to allowable or reimbursable costs incurred  
26 by the organization during 1 or more subsequent

1 funding periods without additional justification or  
2 documentation by the organization as a condition of  
3 carrying forward the availability for expenditure of  
4 such funds.

5 “(c) REVISION OR AMENDMENT OF CONTRACTS.—  
6 Notwithstanding any provision of law to the contrary, the  
7 Secretary may, at the request or consent of an Urban In-  
8 dian Organization, revise or amend any contract entered  
9 into by the Secretary with such organization under this  
10 title as necessary to carry out the purposes of this title.

11 “(d) FAIR AND UNIFORM SERVICES AND ASSIST-  
12 ANCE.—Contracts with or grants to Urban Indian Organi-  
13 zations and regulations adopted pursuant to this title shall  
14 include provisions to assure the fair and uniform provision  
15 to Urban Indians of services and assistance under such  
16 contracts or grants by such organizations.

17 **“SEC. 507. REPORTS AND RECORDS.**

18 “(a) REPORTS.—For each fiscal year during which  
19 an Urban Indian Organization receives or expends funds  
20 pursuant to a contract entered into or a grant received  
21 pursuant to this title, such Urban Indian Organization  
22 shall submit to the Secretary not more frequently than  
23 every 6 months, a report that includes the following:

1           “(1) In the case of a contract or grant under  
2           section 503, recommendations pursuant to section  
3           503(a)(5).

4           “(2) Information on activities conducted by the  
5           organization pursuant to the contract or grant.

6           “(3) An accounting of the amounts and purpose  
7           for which Federal funds were expended.

8           “(4) A minimum set of data, using uniformly  
9           defined elements, that is specified by the Secretary  
10          in consultation, consistent with section 514, with  
11          Urban Indian Organizations.

12          “(b) AUDIT.—The reports and records of the Urban  
13          Indian Organization with respect to a contract or grant  
14          under this title shall be subject to audit by the Secretary  
15          and the Comptroller General of the United States.

16          “(c) COSTS OF AUDITS.—The Secretary shall allow  
17          as a cost of any contract or grant entered into or awarded  
18          under section 502 or 503 the cost of an annual inde-  
19          pendent financial audit conducted by—

20                 “(1) a certified public accountant; or

21                 “(2) a certified public accounting firm qualified  
22          to conduct Federal compliance audits.

23          **“SEC. 508. LIMITATION ON CONTRACT AUTHORITY.**

24                 “The authority of the Secretary to enter into con-  
25          tracts or to award grants under this title shall be to the

1 extent, and in an amount, provided for in appropriation  
2 Acts.

3 **“SEC. 509. FACILITIES.**

4       “(a) GRANTS.—The Secretary, acting through the  
5 Service, may make grants to contractors or grant recipi-  
6 ents under this title for the lease, purchase, renovation,  
7 construction, or expansion of facilities, including leased fa-  
8 cilities, in order to assist such contractors or grant recipi-  
9 ents in complying with applicable licensure or certification  
10 requirements.

11       “(b) LOANS.—The Secretary, acting through the  
12 Service or through the Health Resources and Services Ad-  
13 ministration, may provide to contractors or grant recipi-  
14 ents under this title loans from the Urban Indian Health  
15 Care Facilities Revolving Loan Fund described in sub-  
16 section (c), or guarantees for loans, for the construction,  
17 renovation, expansion, or purchase of health care facilities,  
18 subject to the following requirements:

19               “(1) The principal amount of a loan or loan  
20       guarantee may cover 100 percent of the costs (other  
21       than staffing) relating to the facility, including plan-  
22       ning, design, financing, site land development, con-  
23       struction, rehabilitation, renovation, conversion,  
24       medical equipment, furnishings, and capital pur-  
25       chase.

1           “(2) The total of the principal of loans and loan  
2           guarantees, respectively, outstanding at any one  
3           time shall not exceed such limitations as may be  
4           specified in appropriation Acts.

5           “(3) The loan or loan guarantee may have a  
6           term of the shorter of the estimated useful life of the  
7           facility or 25 years.

8           “(4) An Urban Indian Organization may as-  
9           sign, and the Secretary may accept assignment of,  
10          the revenue of the Urban Indian Organization as se-  
11          curity for a loan or loan guarantee under this sub-  
12          section.

13          “(5) The Secretary shall not collect application,  
14          processing, or similar fees from Urban Indian Orga-  
15          nizations applying for loans or loan guarantees  
16          under this subsection.

17          “(c) FUND.—

18                 “(1) ESTABLISHMENT.—There is established in  
19          the Treasury of the United States a fund to be  
20          known as the Urban Indian Health Care Facilities  
21          Revolving Loan Fund (hereafter in this section re-  
22          ferred to as the “URLF”). The URLF shall consist  
23          of—

24                         “(A) such amounts as may be appropriated  
25                         to the URLF;



1           “(B) amounts received from Urban Indian  
2           Organizations in repayment of loans made to  
3           such organizations under paragraph (2); and

4           “(C) interest earned on amounts in the  
5           URLF under paragraph (3).

6           “(2) USE OF AMOUNT IN FUND.—Amounts in  
7           the URLF may be expended by the Secretary, acting  
8           through the Service or the Health Resources and  
9           Services Administration, to make loans available to  
10          Urban Indian Organizations receiving grants or con-  
11          tracts under this title for the purposes, and subject  
12          to the requirements, described in subsection (b).  
13          Amounts appropriated to the URLF, amounts re-  
14          ceived from Urban Indian Organizations in repay-  
15          ment of loans, and interest on amounts in the  
16          URLF shall remain available until expended.

17          “(3) INVESTMENT OF AMOUNTS IN FUND.—The  
18          Secretary of the Treasury shall invest such amounts  
19          of the URLF as such Secretary determines are not  
20          required to meet current withdrawals from the  
21          URLF. Such investments may be made only in in-  
22          terest-bearing obligations of the United States. For  
23          such purpose, such obligations may be acquired on  
24          original issue at the issue price or by purchase of  
25          outstanding obligations at the market price. Any ob-

1        ligation acquired by the URLF may be sold by the  
2        Secretary of the Treasury at the market price.

3            “(4) INITIAL FUNDS.—There are authorized to  
4        be appropriated such sums as may be necessary to  
5        initiate the URLF. For each fiscal year after the ini-  
6        tial year in which funds are appropriated to the  
7        URLF, there is authorized to be appropriated an  
8        amount equal to the sum of the amount collected by  
9        the URLF during the preceding fiscal year and all  
10       accrued interest.

11    **“SEC. 510. OFFICE OF URBAN INDIAN HEALTH.**

12        “There is hereby established within the Service an  
13    Office of Urban Indian Health, which shall be responsible  
14    for—

15            “(1) carrying out the provisions of this title;

16            “(2) providing central oversight of the pro-  
17        grams and services authorized under this title; and

18            “(3) providing technical assistance to Urban In-  
19        dian Organizations.

20    **“SEC. 511. GRANTS FOR ALCOHOL AND SUBSTANCE ABUSE-**  
21            **RELATED SERVICES.**

22        “(a) GRANTS AUTHORIZED.—The Secretary, acting  
23    through the Service, may make grants for the provision  
24    of health-related services in prevention of, treatment of,  
25    rehabilitation of, or school- and community-based edu-

1 cation regarding, alcohol and substance abuse in Urban  
2 Centers to those Urban Indian Organizations with which  
3 the Secretary has entered into a contract under this title  
4 or under section 201.

5 “(b) GOALS.—Each grant made pursuant to sub-  
6 section (a) shall set forth the goals to be accomplished  
7 pursuant to the grant. The goals shall be specific to each  
8 grant as agreed to between the Secretary and the grantee.

9 “(c) CRITERIA.—The Secretary shall establish cri-  
10 teria for the grants made under subsection (a), including  
11 criteria relating to the following:

12 “(1) The size of the Urban Indian population.

13 “(2) Capability of the organization to ade-  
14 quately perform the activities required under the  
15 grant.

16 “(3) Satisfactory performance standards for the  
17 organization in meeting the goals set forth in such  
18 grant. The standards shall be negotiated and agreed  
19 to between the Secretary and the grantee on a  
20 grant-by-grant basis.

21 “(4) Identification of the need for services.

22 “(d) ALLOCATION OF GRANTS.—The Secretary shall  
23 develop a methodology for allocating grants made pursu-  
24 ant to this section based on the criteria established pursu-  
25 ant to subsection (c).

1       “(e) GRANTS SUBJECT TO CRITERIA.—Any funds re-  
 2       ceived by an Urban Indian Organization under this Act  
 3       for substance abuse prevention, treatment, and rehabilita-  
 4       tion shall be subject to the criteria set forth in subsection  
 5       (c).

6       **“SEC. 512. TREATMENT OF CERTAIN DEMONSTRATION**  
 7                               **PROJECTS.**

8       “Notwithstanding any other provision of law, the  
 9       Tulsa Clinic and Oklahoma City Clinic demonstration  
 10      projects shall—

11               “(1) be permanent programs within the Serv-  
 12      ice’s direct care program;

13               “(2) continue to be treated as Service Units in  
 14      the allocation of resources and coordination of care;  
 15      and

16               “(3) shall be subject to the provisions of the In-  
 17      dian Self-Determination and Education Assistance  
 18      Act, except that the programs shall not be divisible.

19      **“SEC. 513. URBAN NIAAA TRANSFERRED PROGRAMS.**

20               “(a) GRANTS AND CONTRACTS.—The Secretary,  
 21      through the Office of Urban Indian Health, shall make  
 22      grants or enter into contracts with Urban Indian Organi-  
 23      zations for the administration of Urban Indian alcohol  
 24      programs that were originally established under the Na-  
 25      tional Institute on Alcoholism and Alcohol Abuse (here-

1 after in this section referred to as ‘NIAAA’) and trans-  
2 ferred to the Service. Such grants and contracts shall be-  
3 come effective no later than September 30, 2004.

4 “(b) USE OF FUNDS.—Grants provided or contracts  
5 entered into under this section shall be used to provide  
6 support for the continuation of alcohol prevention and  
7 treatment services for Urban Indian populations and such  
8 other objectives as are agreed upon between the Service  
9 and a recipient of a grant or contract under this section.

10 “(c) ELIGIBILITY.—Urban Indian Organizations that  
11 operate Indian alcohol programs originally funded under  
12 the NIAAA and subsequently transferred to the Service  
13 are eligible for grants or contracts under this section.

14 “(d) REPORT.—The Secretary shall evaluate and re-  
15 port to Congress on the activities of programs funded  
16 under this section not less than every 5 years.

17 **“SEC. 514. CONSULTATION WITH URBAN INDIAN ORGANIZA-**  
18 **TIONS.**

19 “(a) IN GENERAL.—The Secretary shall ensure that  
20 the Service, the Centers for Medicare & Medicaid Services,  
21 and other operating divisions and staff divisions of the De-  
22 partment consult, to the greatest extent practicable, with  
23 Urban Indian Organizations prior to taking any action,  
24 or approving Federal financial assistance for any action

1 of a State, that may affect Urban Indians or Urban Indian  
2 Organizations.

3 “(b) DEFINITION OF CONSULTATION.—For purposes  
4 of subsection (a), consultation is the open and free ex-  
5 change of information and opinion among Urban Indian  
6 Organizations and the operating and staff divisions of the  
7 Department which leads to mutual understanding and  
8 comprehension and which emphasizes trust, respect, and  
9 shared responsibility.

10 **“SEC. 515. FEDERAL TORT CLAIM ACT COVERAGE.**

11 “(a) IN GENERAL.—With respect to claims resulting  
12 from the performance of functions during fiscal year 2004  
13 and thereafter, or claims asserted after September 30,  
14 2003, but resulting from the performance of functions  
15 prior to fiscal year 2004, under a contract, grant agree-  
16 ment, or any other agreement authorized under this title,  
17 an Urban Indian Organization is deemed hereafter to be  
18 part of the Service in the Department of Health and  
19 Human Services while carrying out any such contract or  
20 agreement and its employees are deemed employees of the  
21 Service while acting within the scope of their employment  
22 in carrying out the contract or agreement. After Sep-  
23 tember 30, 2003, any civil action or proceeding involving  
24 such claims brought hereafter against any Urban Indian  
25 Organization or any employee of such Urban Indian Orga-

1 nization covered by this provision shall be deemed to be  
 2 an action against the United States and will be defended  
 3 by the Attorney General and be afforded the full protec-  
 4 tion and coverage of the Federal Tort Claims Act (28  
 5 U.S.C. 1346(b), 2671 et seq.).

6 “(b) CLAIMS RESULTING FROM PERFORMANCE OF  
 7 CONTRACT OR GRANT.—Beginning with the fiscal year  
 8 ending September 30, 2003, and thereafter, the appro-  
 9 priate Secretary shall request through annual appropria-  
 10 tions funds sufficient to reimburse the Treasury for any  
 11 claims paid in the prior fiscal year pursuant to the fore-  
 12 going provisions.

13 “(c) EFFECT ON ISDEAA.—Nothing in this section  
 14 shall in any way affect the provisions of section 102(d)  
 15 of the Indian Self-Determination and Education Assist-  
 16 ance Act of 1975 (25 U.S.C. 450f(d)).

17 **“SEC. 516. URBAN YOUTH TREATMENT CENTER DEM-**  
 18 **ONSTRATION.**

19 “(a) CONSTRUCTION AND OPERATION.—The Sec-  
 20 retary, acting through the Service, through grant or con-  
 21 tract, shall make payment for the construction and oper-  
 22 ation of at least 2 residential treatment centers in each  
 23 State described in subsection (b) to demonstrate the provi-  
 24 sion of alcohol and substance abuse treatment services to

1 Urban Indian youth in a culturally competent residential  
2 setting.

3 “(b) DEFINITION OF STATE.—A State described in  
4 this subsection is a State in which—

5 “(1) there resides Urban Indian youth with  
6 need for alcohol and substance abuse treatment serv-  
7 ices in a residential setting; and

8 “(2) there is a significant shortage of culturally  
9 competent residential treatment services for Urban  
10 Indian youth.

11 **“SEC. 517. USE OF FEDERAL GOVERNMENT FACILITIES AND**  
12 **SOURCES OF SUPPLY.**

13 “(a) AUTHORIZATION FOR USE.—The Secretary, act-  
14 ing through the Service, shall allow an Urban Indian Or-  
15 ganization that has entered into a contract or received a  
16 grant pursuant to this title, in carrying out such contract  
17 or grant, to use existing facilities and all equipment there-  
18 in or pertaining thereto and other personal property  
19 owned by the Federal Government within the Secretary’s  
20 jurisdiction under such terms and conditions as may be  
21 agreed upon for their use and maintenance.

22 “(b) DONATIONS.—Subject to subsection (d), the  
23 Secretary may donate to an Urban Indian Organization  
24 that has entered into a contract or received a grant pursu-  
25 ant to this title any personal or real property determined



1 to be excess to the needs of the Service or the General  
2 Services Administration for purposes of carrying out the  
3 contract or grant.

4 “(c) ACQUISITION OF PROPERTY FOR DONATION.—  
5 The Secretary may acquire excess or surplus government  
6 personal or real property for donation (subject to sub-  
7 section (d)), to an Urban Indian Organization that has  
8 entered into a contract or received a grant pursuant to  
9 this title if the Secretary determines that the property is  
10 appropriate for use by the Urban Indian Organization for  
11 a purpose for which a contract or grant is authorized  
12 under this title.

13 “(d) PRIORITY.—In the event that the Secretary re-  
14 ceives a request for donation of a specific item of personal  
15 or real property described in subsection (b) or (c) from  
16 both an Urban Indian Organization and from an Indian  
17 Tribe or Tribal Organization, the Secretary shall give pri-  
18 ority to the request for donation of the Indian Tribe or  
19 Tribal Organization if the Secretary receives the request  
20 from the Indian Tribe or Tribal Organization before the  
21 date the Secretary transfers title to the property or, if ear-  
22 lier, the date the Secretary transfers the property phys-  
23 ically to the Urban Indian Organization.

24 “(e) URBAN INDIAN ORGANIZATIONS DEEMED EX-  
25 ECUTIVE AGENCY FOR CERTAIN PURPOSES.—For pur-

1 poses of section 501 of title 40, United States Code, (relat-  
2 ing to Federal sources of supply, including lodging pro-  
3 viders, airlines, and other transportation providers), an  
4 Urban Indian Organization that has entered into a con-  
5 tract or received a grant pursuant to this title shall be  
6 deemed an executive agency when carrying out such con-  
7 tract or grant, and the employees of the Urban Indian  
8 Organization shall be eligible to have access to such  
9 sources of supply on the same basis as employees of an  
10 executive agency have such access.

11 **“SEC. 518. GRANTS FOR DIABETES PREVENTION, TREAT-**  
12 **MENT, AND CONTROL.**

13 “(a) GRANTS AUTHORIZED.—The Secretary may  
14 make grants to those Urban Indian Organizations that  
15 have entered into a contract or have received a grant  
16 under this title for the provision of services for the preven-  
17 tion and treatment of, and control of the complications  
18 resulting from, diabetes among Urban Indians.

19 “(b) GOALS.—Each grant made pursuant to sub-  
20 section (a) shall set forth the goals to be accomplished  
21 under the grant. The goals shall be specific to each grant  
22 as agreed to between the Secretary and the grantee.

23 “(c) ESTABLISHMENT OF CRITERIA.—The Secretary  
24 shall establish criteria for the grants made under sub-  
25 section (a) relating to the following:

1           “(1) The size and location of the Urban Indian  
2           population to be served.

3           “(2) The need for prevention of and treatment  
4           of, and control of the complications resulting from,  
5           diabetes among the Urban Indian population to be  
6           served.

7           “(3) Performance standards for the organiza-  
8           tion in meeting the goals set forth in such grant  
9           that are negotiated and agreed to by the Secretary  
10          and the grantee.

11          “(4) The capability of the organization to ade-  
12          quately perform the activities required under the  
13          grant.

14          “(5) The willingness of the organization to col-  
15          laborate with the registry, if any, established by the  
16          Secretary under section 204(e) in the Area Office of  
17          the Service in which the organization is located.

18          “(d) FUNDS SUBJECT TO CRITERIA.—Any funds re-  
19          ceived by an Urban Indian Organization under this Act  
20          for the prevention, treatment, and control of diabetes  
21          among Urban Indians shall be subject to the criteria devel-  
22          oped by the Secretary under subsection (c).

23       **“SEC. 519. COMMUNITY HEALTH REPRESENTATIVES.**

24          “The Secretary, acting through the Service, may  
25          enter into contracts with, and make grants to, Urban In-

1 dian Organizations for the employment of Indians trained  
2 as health service providers through the Community Health  
3 Representatives Program under section 109 in the provi-  
4 sion of health care, health promotion, and disease preven-  
5 tion services to Urban Indians.

6 **“SEC. 520. REGULATIONS.**

7       “(a) REQUIREMENTS FOR REGULATIONS.—The Sec-  
8 retary may promulgate regulations to implement the provi-  
9 sions of this title in accordance with the following:

10           “(1) Proposed regulations to implement this  
11 Act shall be published in the Federal Register by the  
12 Secretary no later than 9 months after the date of  
13 the enactment of this Act and shall have no less  
14 than a 4-month comment period.

15           “(2) The authority to promulgate regulations  
16 under this Act shall expire 18 months from the date  
17 of the enactment of this Act.

18       “(b) EFFECTIVE DATE OF TITLE.—The amendments  
19 to this title made by the Indian Health Care Improvement  
20 Act Amendments of 2003 shall be effective on the date  
21 of the enactment of such amendments, regardless of  
22 whether the Secretary has promulgated regulations imple-  
23 menting such amendments have been promulgated.

1 **“SEC. 521. ELIGIBILITY FOR SERVICES.**

2 “Urban Indians shall be eligible for health care or  
3 referral services provided pursuant to this title.

4 **“SEC. 522. AUTHORIZATION OF APPROPRIATIONS.**

5 “There are authorized to be appropriated such sums  
6 as may be necessary for each fiscal year through fiscal  
7 year 2015 to carry out this title.

8 **“TITLE VI—ORGANIZATIONAL**  
9 **IMPROVEMENTS**

10 **“SEC. 601. ESTABLISHMENT OF THE INDIAN HEALTH SERV-**  
11 **ICE AS AN AGENCY OF THE PUBLIC HEALTH**  
12 **SERVICE.**

13 “(a) ESTABLISHMENT.—In order to more effectively  
14 and efficiently carry out the responsibilities, authorities,  
15 and functions of the United States to provide health care  
16 services provided under Federal statute or treaties to Indi-  
17 ans and Indian Tribes, there was established within the  
18 Public Health Service of the Department the Indian  
19 Health Service.

20 “(b) DIRECTOR.—The Indian Health Service is an  
21 agency within the Public Health Service of the Depart-  
22 ment, and shall not be an office, component, or unit of  
23 any other agency of the Department. The Indian Health  
24 Service shall be administered by a Director, who shall be  
25 appointed by the President, by and with the advice and  
26 consent of the Senate. The Director of the Indian Health

1 Service shall report to the Secretary through the Assistant  
2 Secretary for Health of the Department of Health and  
3 Human Services. Effective with respect to an individual  
4 appointed by the President, by and with the advice and  
5 consent of the Senate, after January 1, 1993, the term  
6 of service of the Director shall be 4 years. A Director may  
7 serve more than 1 term.

8 “(c) DUTIES.—The Secretary shall carry out through  
9 the Director of the Indian Health Service—

10 “(1) all functions which were, on the day before  
11 the date of the enactment of the Indian Health Care  
12 Amendments of 1988, carried out by or under the  
13 direction of the individual serving as Director of the  
14 Indian Health Service on such day;

15 “(2) all functions of the Secretary relating to  
16 the maintenance and operation of hospital and  
17 health facilities for Indians and the planning for,  
18 and provision and use of, health services for Indians;

19 “(3) all health programs under which health  
20 care is provided to Indians based upon their status  
21 as Indians which are administered by the Secretary,  
22 including but not limited to programs under—

23 “(A) this Act;

24 “(B) the Act of November 2, 1921 (25  
25 U.S.C. 13);

1           “(C) the Act of August 5, 1954 (42 U.S.C.  
2           2001 et seq.);

3           “(D) the Act of August 16, 1957 (42  
4           U.S.C. 2005 et seq.); and

5           “(E) the Indian Self-Determination and  
6           Education Assistance Act (25 U.S.C. 450 et  
7           seq.); and

8           “(4) all scholarship and loan functions carried  
9           out under title I.

10          “(d) AUTHORITIES.—(1) The Director shall have the  
11         authority—

12                 “(A) except to the extent provided in paragraph  
13                 (2), to appoint and compensate employees for the  
14                 Service in accordance with title 5, United States  
15                 Code;

16                 “(B) to enter into contracts for the procure-  
17                 ment of goods and services to carry out the func-  
18                 tions of the Service; and

19                 “(C) to manage, expend, and obligate all funds  
20                 appropriated for the Service.

21          “(2) Notwithstanding any other law, the provisions  
22         of section 12 of the Act of June 18, 1934 (48 Stat. 986;  
23         25 U.S.C. 472), shall apply to all personnel actions taken  
24         with respect to new positions created within the Service  
25         as a result of its establishment under subsection (a).

1   **“SEC. 602. AUTOMATED MANAGEMENT INFORMATION SYS-**  
2                           **TEM.**

3           “(a)(1) The Secretary shall establish an automated  
4 management information system for the Service.

5           “(2) The information system established under para-  
6 graph (1) shall include—

7                   “(A) a financial management system;

8                   “(B) a patient care information system for each  
9 area served by the Service;

10                  “(C) a privacy component that protects the pri-  
11 vacy of patient information held by, or on behalf of,  
12 the Service;

13                  “(D) a services-based cost accounting compo-  
14 nent that provides estimates of the costs associated  
15 with the provision of specific medical treatments or  
16 services in each Area Office of the Service;

17                  “(E) an interface mechanism for patient billing  
18 and accounts receivable system; and

19                  “(F) a training component.

20           “(b) The Secretary shall provide each Tribal Health  
21 Program automated management information systems  
22 which—

23                  “(1) meet the management information needs  
24 of such Tribal Health Program with respect to the  
25 treatment by the Tribal Health Program of patients  
26 of the Service; and



1           “(2) meet the management information needs  
2           of the Service.

3           “(c) Notwithstanding any other provision of law, each  
4           patient shall have reasonable access to the medical or  
5           health records of such patient which are held by, or on  
6           behalf of, the Service.

7           “(d) The Director shall have the authority to enter  
8           into contracts, agreements, or joint ventures with other  
9           Federal agencies, States, private and nonprofit organiza-  
10          tions, for the purpose of enhancing information technology  
11          in Indian Health Programs and facilities.

12       **“SEC. 603. AUTHORIZATION OF APPROPRIATIONS.**

13           “There are authorized to be appropriated such sums  
14          as may be necessary for each fiscal year through fiscal  
15          year 2015 to carry out this title.

16               **“TITLE VII—BEHAVIORAL**  
17               **HEALTH PROGRAMS**

18       **“SEC. 701. BEHAVIORAL HEALTH PREVENTION AND TREAT-**  
19               **MENT SERVICES.**

20           “(a) PURPOSES.—The purposes of this section are as  
21          follows:

22               “(1) To authorize and direct the Secretary, act-  
23               ing through the Service, Indian Tribes, Tribal Orga-  
24               nizations, and Urban Indian Organizations, to de-  
25               velop a comprehensive behavioral health prevention

1 and treatment program which emphasizes collabora-  
2 tion among alcohol and substance abuse, social serv-  
3 ices, and mental health programs.

4 “(2) To provide information, direction, and  
5 guidance relating to mental illness and dysfunction  
6 and self-destructive behavior, including child abuse  
7 and family violence, to those Federal, tribal, State,  
8 and local agencies responsible for programs in In-  
9 dian communities in areas of health care, education,  
10 social services, child and family welfare, alcohol and  
11 substance abuse, law enforcement, and judicial serv-  
12 ices.

13 “(3) To assist Indian Tribes to identify services  
14 and resources available to address mental illness and  
15 dysfunctional and self-destructive behavior.

16 “(4) To provide authority and opportunities for  
17 Indian Tribes and Tribal Organizations to develop,  
18 implement, and coordinate with community-based  
19 programs which include identification, prevention,  
20 education, referral, and treatment services, including  
21 through multidisciplinary resource teams.

22 “(5) To ensure that Indians, as citizens of the  
23 United States and of the States in which they re-  
24 side, have the same access to behavioral health serv-  
25 ices to which all citizens have access.

1           “(6) To modify or supplement existing pro-  
2       grams and authorities in the areas identified in  
3       paragraph (2).

4       “(b) PLANS.—

5           “(1) DEVELOPMENT.—The Secretary, acting  
6       through the Service, Indian Tribes, Tribal Organiza-  
7       tions, and Urban Indian Organizations, shall encour-  
8       age Indian Tribes and Tribal Organizations to de-  
9       velop tribal plans, and Urban Indian Organizations  
10      to develop local plans, and for all such groups to  
11      participate in developing areawide plans for Indian  
12      Behavioral Health Services. The plans shall include,  
13      to the extent feasible, the following components:

14           “(A) An assessment of the scope of alcohol  
15      or other substance abuse, mental illness, and  
16      dysfunctional and self-destructive behavior, in-  
17      cluding suicide, child abuse, and family vio-  
18      lence, among Indians, including—

19           “(i) the number of Indians served who  
20      are directly or indirectly affected by such  
21      illness or behavior; or

22           “(ii) an estimate of the financial and  
23      human cost attributable to such illness or  
24      behavior.

1           “(B) An assessment of the existing and  
2           additional resources necessary for the preven-  
3           tion and treatment of such illness and behavior,  
4           including an assessment of the progress toward  
5           achieving the availability of the full continuum  
6           of care described in subsection (c).

7           “(C) An estimate of the additional funding  
8           needed by the Service, Indian Tribes, Tribal  
9           Organizations, and Urban Indian Organizations  
10          to meet their responsibilities under the plans.

11          “(2) NATIONAL CLEARINGHOUSE.—The Sec-  
12          retary, acting through the Service, shall establish a  
13          national clearinghouse of plans and reports on the  
14          outcomes of such plans developed by Indian Tribes,  
15          Tribal Organizations, Urban Indian Organizations,  
16          and Service Areas relating to behavioral health. The  
17          Secretary shall ensure access to these plans and out-  
18          comes by any Indian Tribe, Tribal Organization,  
19          Urban Indian Organization, or the Service.

20          “(3) TECHNICAL ASSISTANCE.—The Secretary  
21          shall provide technical assistance to Indian Tribes,  
22          Tribal Organizations, and Urban Indian Organiza-  
23          tions in preparation of plans under this section and  
24          in developing standards of care that may be used  
25          and adopted locally.

1       “(c) PROGRAMS.—The Secretary, acting through the  
2 Service, Indian Tribes, and Tribal Organizations, shall  
3 provide, to the extent feasible and if funding is available,  
4 programs including the following:

5           “(1) COMPREHENSIVE CARE.—A comprehensive  
6 continuum of behavioral health care which pro-  
7 vides—

8           “(A) community-based prevention, inter-  
9 vention, outpatient, and behavioral health  
10 aftercare;

11           “(B) detoxification (social and medical);

12           “(C) acute hospitalization;

13           “(D) intensive outpatient/day treatment;

14           “(E) residential treatment;

15           “(F) transitional living for those needing a  
16 temporary, stable living environment that is  
17 supportive of treatment and recovery goals;

18           “(G) emergency shelter;

19           “(H) intensive case management; and

20           “(I) Traditional Health Care Practices.

21           “(2) CHILD CARE.—Behavioral health services  
22 for Indians from birth through age 17, including the  
23 following:

1           “(A) Preschool and school age fetal alcohol  
2           disorder services, including assessment and be-  
3           havioral intervention.

4           “(B) Mental health and substance abuse  
5           services (emotional, organic, alcohol, drug, in-  
6           halant, and tobacco).

7           “(C) Identification and treatment of co-oc-  
8           curring disorders and comorbidity.

9           “(D) Prevention of alcohol, drug, inhalant,  
10          and tobacco use.

11          “(E) Early intervention, treatment, and  
12          aftercare.

13          “(F) Promotion of healthy choices and life-  
14          style (related to sexually transmitted diseases,  
15          domestic violence, sexual abuse, suicide, teen  
16          pregnancy, obesity, and other risk/safety  
17          issues).

18          “(G) Identification and treatment of ne-  
19          glect and physical, mental, and sexual abuse.

20          “(3) ADULT CARE.—Behavioral health services  
21          for Indians from age 18 through 55, including the  
22          following:

23                 “(A) Early intervention, treatment, and  
24                 aftercare.

1           “(B) Mental health and substance abuse  
2           services (emotional, alcohol, drug, inhalant, and  
3           tobacco), including gender specific services.

4           “(C) Identification and treatment of co-oc-  
5           curring disorders (dual diagnosis) and comor-  
6           bidity.

7           “(D) Promotion of gender specific healthy  
8           choices and lifestyle (related to parenting, part-  
9           ners, domestic violence, sexual abuse, suicide,  
10          obesity, and other risk-related behavior).

11          “(E) Treatment services for women at risk  
12          of giving birth to a child with a fetal alcohol  
13          disorder.

14          “(F) Gender specific treatment for sexual  
15          assault and domestic violence.

16          “(4) FAMILY CARE.—Behavioral health services  
17          for families, including the following:

18               “(A) Early intervention, treatment, and  
19               aftercare for affected families.

20               “(B) Treatment for sexual assault and do-  
21               mestic violence.

22               “(C) Promotion of healthy choices and life-  
23               style (related to parenting, partners, domestic  
24               violence, and other abuse issues).

1           “(5) ELDER CARE.—Behavioral health services  
2           for Indians 56 years of age and older, including the  
3           following:

4                   “(A) Early intervention, treatment, and  
5                   aftercare.

6                   “(B) Mental health and substance abuse  
7                   services (emotional, alcohol, drug, inhalant, and  
8                   tobacco), including gender specific services.

9                   “(C) Identification and treatment of co-oc-  
10                  curring disorders (dual diagnosis) and comor-  
11                  bidity.

12                  “(D) Promotion of healthy choices and life-  
13                  style (managing conditions related to aging).

14                  “(E) Gender specific treatment for sexual  
15                  assault, domestic violence, neglect, physical and  
16                  mental abuse and exploitation.

17                  “(F) Identification and treatment of de-  
18                  mentias regardless of cause.

19           “(d) COMMUNITY BEHAVIORAL HEALTH PLAN.—

20                   “(1) ESTABLISHMENT.—The governing body of  
21                   any Indian Tribe, Tribal Organization, or Urban In-  
22                   dian Organization may adopt a resolution for the es-  
23                   tablishment of a community behavioral health plan  
24                   providing for the identification and coordination of  
25                   available resources and programs to identify, pre-



1 vent, or treat substance abuse, mental illness, or  
2 dysfunctional and self-destructive behavior, including  
3 child abuse and family violence, among its members  
4 or its service population. This plan should include  
5 behavioral health services, social services, intensive  
6 outpatient services, and continuing aftercare.

7 “(2) TECHNICAL ASSISTANCE.—At the request  
8 of an Indian Tribe, Tribal Organization, or Urban  
9 Indian Organization, the Bureau of Indian Affairs  
10 and the Service shall cooperate with and provide  
11 technical assistance to the Indian Tribe, Tribal Or-  
12 ganization, or Urban Indian Organization in the de-  
13 velopment and implementation of such plan.

14 “(3) FUNDING.—The Secretary, acting through  
15 the Service, may make funding available to Indian  
16 Tribes and Tribal Organizations which adopt a reso-  
17 lution pursuant to paragraph (1) to obtain technical  
18 assistance for the development of a community be-  
19 havioral health plan and to provide administrative  
20 support in the implementation of such plan.

21 “(e) COORDINATION FOR AVAILABILITY OF SERV-  
22 ICES.—The Secretary, acting through the Service, Indian  
23 Tribes, Tribal Organizations, and Urban Indian Organiza-  
24 tions, shall coordinate behavioral health planning, to the  
25 extent feasible, with other Federal agencies and with State

1 agencies, to encourage comprehensive behavioral health  
2 services for Indians regardless of their place of residence.

3 “(f) MENTAL HEALTH CARE NEED ASSESSMENT.—

4 Not later than 1 year after the date of the enactment of  
5 the Indian Health Care Improvement Act Amendments of  
6 2003, the Secretary, acting through the Service, shall  
7 make an assessment of the need for inpatient mental  
8 health care among Indians and the availability and cost  
9 of inpatient mental health facilities which can meet such  
10 need. In making such assessment, the Secretary shall con-  
11 sider the possible conversion of existing, underused Service  
12 hospital beds into psychiatric units to meet such need.

13 **“SEC. 702. MEMORANDA OF AGREEMENT WITH THE DE-**  
14 **PARTMENT OF THE INTERIOR.**

15 “(a) CONTENTS.—Not later than 12 months after the  
16 date of the enactment of the Indian Health Care Improve-  
17 ment Act Amendments of 2003, the Secretary, acting  
18 through the Service, and the Secretary of the Interior shall  
19 develop and enter into a memoranda of agreement, or re-  
20 view and update any existing memoranda of agreement,  
21 as required by section 4205 of the Indian Alcohol and  
22 Substance Abuse Prevention and Treatment Act of 1986  
23 (25 U.S.C. 2411) under which the Secretaries address the  
24 following:

1           “(1) The scope and nature of mental illness and  
2           dysfunctional and self-destructive behavior, including  
3           child abuse and family violence, among Indians.

4           “(2) The existing Federal, tribal, State, local,  
5           and private services, resources, and programs avail-  
6           able to provide mental health services for Indians.

7           “(3) The unmet need for additional services, re-  
8           sources, and programs necessary to meet the needs  
9           identified pursuant to paragraph (1).

10          “(4)(A) The right of Indians, as citizens of the  
11          United States and of the States in which they re-  
12          side, to have access to mental health services to  
13          which all citizens have access.

14          “(B) The right of Indians to participate in, and  
15          receive the benefit of, such services.

16          “(C) The actions necessary to protect the exer-  
17          cise of such right.

18          “(5) The responsibilities of the Bureau of In-  
19          dian Affairs and the Service, including mental health  
20          identification, prevention, education, referral, and  
21          treatment services (including services through multi-  
22          disciplinary resource teams), at the central, area,  
23          and agency and Service Unit, Service Area, and  
24          headquarters levels to address the problems identi-  
25          fied in paragraph (1).

1           “(6) A strategy for the comprehensive coordina-  
2           tion of the mental health services provided by the  
3           Bureau of Indian Affairs and the Service to meet  
4           the problems identified pursuant to paragraph (1),  
5           including—

6                   “(A) the coordination of alcohol and sub-  
7                   stance abuse programs of the Service, the Bu-  
8                   reau of Indian Affairs, and Indian Tribes and  
9                   Tribal Organizations (developed under the In-  
10                  dian Alcohol and Substance Abuse Prevention  
11                  and Treatment Act of 1986) with mental health  
12                  initiatives pursuant to this Act, particularly  
13                  with respect to the referral and treatment of  
14                  dually diagnosed individuals requiring mental  
15                  health and substance abuse treatment; and

16                  “(B) ensuring that the Bureau of Indian  
17                  Affairs and Service programs and services (in-  
18                  cluding multidisciplinary resource teams) ad-  
19                  dressing child abuse and family violence are co-  
20                  ordinated with such non-Federal programs and  
21                  services.

22           “(7) Directing appropriate officials of the Bu-  
23           reau of Indian Affairs and the Service, particularly  
24           at the agency and Service Unit levels, to cooperate  
25           fully with tribal requests made pursuant to commu-

1 nity behavioral health plans adopted under section  
2 701(c) and section 4206 of the Indian Alcohol and  
3 Substance Abuse Prevention and Treatment Act of  
4 1986 (25 U.S.C. 2412).

5 “(8) Providing for an annual review of such  
6 agreement by the Secretaries which shall be provided  
7 to Congress and Indian Tribes and Tribal Organiza-  
8 tions.

9 “(b) SPECIFIC PROVISIONS REQUIRED.—The memo-  
10 randa of agreement updated or entered into pursuant to  
11 subsection (a) shall include specific provisions pursuant to  
12 which the Service shall assume responsibility for—

13 “(1) the determination of the scope of the prob-  
14 lem of alcohol and substance abuse among Indians,  
15 including the number of Indians within the jurisdic-  
16 tion of the Service who are directly or indirectly af-  
17 fected by alcohol and substance abuse and the finan-  
18 cial and human cost;

19 “(2) an assessment of the existing and needed  
20 resources necessary for the prevention of alcohol and  
21 substance abuse and the treatment of Indians af-  
22 fected by alcohol and substance abuse; and

23 “(3) an estimate of the funding necessary to  
24 adequately support a program of prevention of alco-

1       hol and substance abuse and treatment of Indians  
2       affected by alcohol and substance abuse.

3       “(c) CONSULTATION.—The Secretary, acting through  
4 the Service, and the Secretary of the Interior shall, in de-  
5 veloping the memoranda of agreement under subsection  
6 (a), consult with and solicit the comments from—

7               “(1) Indian Tribes and Tribal Organizations;

8               “(2) Indians;

9               “(3) Urban Indian Organizations and other In-  
10       dian organizations; and

11              “(4) behavioral health service providers.

12       “(d) PUBLICATION.—Each memorandum of agree-  
13 ment entered into or renewed (and amendments or modi-  
14 fications thereto) under subsection (a) shall be published  
15 in the Federal Register. At the same time as publication  
16 in the Federal Register, the Secretary shall provide a copy  
17 of such memoranda, amendment, or modification to each  
18 Indian Tribe, Tribal Organization, and Urban Indian Or-  
19 ganization.

20 **“SEC. 703. COMPREHENSIVE BEHAVIORAL HEALTH PRE-**  
21 **VENTION AND TREATMENT PROGRAM.**

22       “(a) ESTABLISHMENT.—

23              “(1) IN GENERAL.—The Secretary, acting  
24 through the Service, Indian Tribes, and Tribal Orga-  
25 nizations, shall provide a program of comprehensive

1 behavioral health, prevention, treatment, and  
2 aftercare, including Traditional Health Care Prac-  
3 tices, which shall include—

4 “(A) prevention, through educational inter-  
5 vention, in Indian communities;

6 “(B) acute detoxification, psychiatric hos-  
7 pitalization, and residential and intensive out-  
8 patient treatment;

9 “(C) community-based rehabilitation and  
10 aftercare;

11 “(D) community education and involve-  
12 ment, including extensive training of health  
13 care, educational, and community-based per-  
14 sonnel; and

15 “(E) specialized residential treatment pro-  
16 grams for high-risk populations, including but  
17 not limited to pregnant and postpartum women  
18 and their children.

19 “(2) TARGET POPULATIONS.—The target popu-  
20 lation of such program shall be members of Indian  
21 Tribes. Efforts to train and educate key members of  
22 the Indian community shall target employees of  
23 health, education, judicial, law enforcement, legal,  
24 and social service programs.

25 “(b) CONTRACT HEALTH SERVICES.—

1           “(1) IN GENERAL.—The Secretary, acting  
2           through the Service, Indian Tribes, and Tribal Orga-  
3           nizations, may enter into contracts with public or  
4           private providers of behavioral health treatment  
5           services for the purpose of carrying out the program  
6           required under subsection (a).

7           “(2) PROVISION OF ASSISTANCE.—In carrying  
8           out this subsection, the Secretary shall provide as-  
9           sistance to Indian Tribes and Tribal Organizations  
10          to develop criteria for the certification of behavioral  
11          health service providers and accreditation of service  
12          facilities which meet minimum standards for such  
13          services and facilities.

14   **“SEC. 704. MENTAL HEALTH TECHNICIAN PROGRAM.**

15          “(a) IN GENERAL.—Under the authority of the Act  
16          of November 2, 1921 (25 U.S.C. 13) (commonly known  
17          as the Snyder Act), the Secretary shall establish and  
18          maintain a mental health technician program within the  
19          Service which—

20               “(1) provides for the training of Indians as  
21               mental health technicians; and

22               “(2) employs such technicians in the provision  
23               of community-based mental health care that includes  
24               identification, prevention, education, referral, and  
25               treatment services.



1       “(b) PARAPROFESSIONAL TRAINING.—In carrying  
2 out subsection (a), the Secretary, acting through the Serv-  
3 ice, Indian Tribes, and Tribal Organizations, shall provide  
4 high-standard paraprofessional training in mental health  
5 care necessary to provide quality care to the Indian com-  
6 munities to be served. Such training shall be based upon  
7 a curriculum developed or approved by the Secretary  
8 which combines education in the theory of mental health  
9 care with supervised practical experience in the provision  
10 of such care.

11       “(c) SUPERVISION AND EVALUATION OF TECHNI-  
12 CIANS.—The Secretary, acting through the Service, Indian  
13 Tribes, and Tribal Organizations, shall supervise and  
14 evaluate the mental health technicians in the training pro-  
15 gram.

16       “(d) TRADITIONAL HEALTH CARE PRACTICES.—The  
17 Secretary, acting through the Service, shall ensure that  
18 the program established pursuant to this subsection in-  
19 volves the use and promotion of the Traditional Health  
20 Care Practices of the Indian Tribes to be served.

21       **“SEC. 705. LICENSING REQUIREMENT FOR MENTAL**  
22                   **HEALTH CARE WORKERS.**

23       “Subject to the provisions of section 221, any person  
24 employed as a psychologist, social worker, or marriage and  
25 family therapist for the purpose of providing mental health

1 care services to Indians in a clinical setting under this Act  
2 or through a Funding Agreement shall, in the case of a  
3 person employed as a psychologist, social worker, or marriage and family therapist, be licensed as a clinical psychologist, social worker, or marriage and family therapist,  
4 riage and family therapist, be licensed as a clinical psychologist, social worker, or marriage and family therapist,  
5 chologist, social worker, or marriage and family therapist,  
6 respectively, or working under the direct supervision of a  
7 licensed clinical psychologist, social worker, or marriage and family therapist, respectively.

9 **“SEC. 706. INDIAN WOMEN TREATMENT PROGRAMS.**

10 “(a) FUNDING.—The Secretary, consistent with section 701, shall make funds available to Indian Tribes,  
11 tion 701, shall make funds available to Indian Tribes,  
12 Tribal Organizations, and Urban Indian Organizations to  
13 develop and implement a comprehensive behavioral health  
14 program of prevention, intervention, treatment, and relapse prevention services that specifically addresses the  
15 lapse prevention services that specifically addresses the  
16 spiritual, cultural, historical, social, and child care needs  
17 of Indian women, regardless of age.

18 “(b) USE OF FUNDS.—Funds made available pursuant to this section may be used to—

20 “(1) develop and provide community training,  
21 education, and prevention programs for Indian  
22 women relating to behavioral health issues, including  
23 fetal alcohol disorders;

1           “(2) identify and provide psychological services,  
2           counseling, advocacy, support, and relapse preven-  
3           tion to Indian women and their families; and

4           “(3) develop prevention and intervention models  
5           for Indian women which incorporate Traditional  
6           Health Care Practices, cultural values, and commu-  
7           nity and family involvement.

8           “(c) CRITERIA.—The Secretary, in consultation with  
9           Indian Tribes and Tribal Organizations, shall establish  
10          criteria for the review and approval of applications and  
11          proposals for funding under this section.

12          “(d) EARMARK OF CERTAIN FUNDS.—Twenty per-  
13          cent of the funds appropriated pursuant to this section  
14          shall be used to make grants to Urban Indian Organiza-  
15          tions.

16       **“SEC. 707. INDIAN YOUTH PROGRAM.**

17          “(a) DETOXIFICATION AND REHABILITATION.—The  
18          Secretary, acting through the Service, consistent with sec-  
19          tion 701, shall develop and implement a program for acute  
20          detoxification and treatment for Indian youths, including  
21          behavioral health services. The program shall include re-  
22          gional treatment centers designed to include detoxification  
23          and rehabilitation for both sexes on a referral basis and  
24          programs developed and implemented by Indian Tribes or  
25          Tribal Organizations at the local level under the Indian

1 Self-Determination and Education Assistance Act. Re-  
2 gional centers shall be integrated with the intake and re-  
3 habilitation programs based in the referring Indian com-  
4 munity.

5 “(b) ALCOHOL AND SUBSTANCE ABUSE TREATMENT  
6 CENTERS OR FACILITIES.—

7 “(1) ESTABLISHMENT.—

8 “(A) IN GENERAL.—The Secretary, acting  
9 through the Service, Indian Tribes, and Tribal  
10 Organizations, shall construct, renovate, or, as  
11 necessary, purchase, and appropriately staff  
12 and operate, at least 1 youth regional treatment  
13 center or treatment network in each area under  
14 the jurisdiction of an Area Office.

15 “(B) AREA OFFICE IN CALIFORNIA.—For  
16 the purposes of this subsection, the Area Office  
17 in California shall be considered to be 2 Area  
18 Offices, 1 office whose jurisdiction shall be con-  
19 sidered to encompass the northern area of the  
20 State of California, and 1 office whose jurisdic-  
21 tion shall be considered to encompass the re-  
22 mainder of the State of California for the pur-  
23 pose of implementing California treatment net-  
24 works.

1           “(2) FUNDING.—For the purpose of staffing  
2           and operating such centers or facilities, funding  
3           shall be pursuant to the Act of November 2, 1921  
4           (25 U.S.C. 13).

5           “(3) LOCATION.—A youth treatment center  
6           constructed or purchased under this subsection shall  
7           be constructed or purchased at a location within the  
8           area described in paragraph (1) agreed upon (by ap-  
9           propriate tribal resolution) by a majority of the In-  
10          dian Tribes to be served by such center.

11          “(4) SPECIFIC PROVISION OF FUNDS.—

12               “(A) IN GENERAL.—Notwithstanding any  
13               other provision of this title, the Secretary may,  
14               from amounts authorized to be appropriated for  
15               the purposes of carrying out this section, make  
16               funds available to—

17                       “(i) the Tanana Chiefs Conference,  
18                       Incorporated, for the purpose of leasing,  
19                       constructing, renovating, operating, and  
20                       maintaining a residential youth treatment  
21                       facility in Fairbanks, Alaska; and

22                       “(ii) the Southeast Alaska Regional  
23                       Health Corporation to staff and operate a  
24                       residential youth treatment facility without  
25                       regard to the proviso set forth in section

1                   4(l) of the Indian Self-Determination and  
2                   Education Assistance Act (25 U.S.C.  
3                   450b(l)).

4                   “(B) PROVISION OF SERVICES TO ELIGI-  
5                   BLE YOUTHS.—Until additional residential  
6                   youth treatment facilities are established in  
7                   Alaska pursuant to this section, the facilities  
8                   specified in subparagraph (A) shall make every  
9                   effort to provide services to all eligible Indian  
10                  youths residing in such State.

11               “(c) INTERMEDIATE ADOLESCENT BEHAVIORAL  
12 HEALTH SERVICES.—

13               “(1) IN GENERAL.—The Secretary, acting  
14               through the Service, Indian Tribes, and Tribal Orga-  
15               nizations, may provide intermediate behavioral  
16               health services, which may incorporate Traditional  
17               Health Care Practices, to Indian children and ado-  
18               lescents, including—

19                       “(A) pretreatment assistance;

20                       “(B) inpatient, outpatient, and aftercare  
21                       services;

22                       “(C) emergency care;

23                       “(D) suicide prevention and crisis interven-  
24                       tion; and

1           “(E) prevention and treatment of mental  
2           illness and dysfunctional and self-destructive  
3           behavior, including child abuse and family vio-  
4           lence.

5           “(2) USE OF FUNDS.—Funds provided under  
6           this subsection may be used—

7           “(A) to construct or renovate an existing  
8           health facility to provide intermediate behav-  
9           ioral health services;

10          “(B) to hire behavioral health profes-  
11          sionals;

12          “(C) to staff, operate, and maintain an in-  
13          termediate mental health facility, group home,  
14          sober housing, transitional housing or similar  
15          facilities, or youth shelter where intermediate  
16          behavioral health services are being provided;

17          “(D) to make renovations and hire appro-  
18          priate staff to convert existing hospital beds  
19          into adolescent psychiatric units; and

20          “(E) for intensive home- and community-  
21          based services.

22          “(3) CRITERIA.—The Secretary, acting through  
23          the Service, shall, in consultation with Indian Tribes  
24          and Tribal Organizations, establish criteria for the

1 review and approval of applications or proposals for  
2 funding made available pursuant to this subsection.

3 “(d) FEDERALLY OWNED STRUCTURES.—

4 “(1) IN GENERAL.—The Secretary, in consulta-  
5 tion with Indian Tribes and Tribal Organizations,  
6 shall—

7 “(A) identify and use, where appropriate,  
8 federally owned structures suitable for local res-  
9 idential or regional behavioral health treatment  
10 for Indian youths; and

11 “(B) establish guidelines, in consultation  
12 with Indian Tribes and Tribal Organizations,  
13 for determining the suitability of any such fed-  
14 erally owned structure to be used for local resi-  
15 dential or regional behavioral health treatment  
16 for Indian youths.

17 “(2) TERMS AND CONDITIONS FOR USE OF  
18 STRUCTURE.—Any structure described in paragraph  
19 (1) may be used under such terms and conditions as  
20 may be agreed upon by the Secretary and the agency  
21 having responsibility for the structure and any In-  
22 dian Tribe or Tribal Organization operating the pro-  
23 gram.

24 “(e) REHABILITATION AND AFTERCARE SERVICES.—



1           “(1) IN GENERAL.—The Secretary, Indian  
2       Tribes, or Tribal Organizations, in cooperation with  
3       the Secretary of the Interior, shall develop and im-  
4       plement within each Service Unit, community-based  
5       rehabilitation and follow-up services for Indian  
6       youths who are having significant behavioral health  
7       problems, and require long-term treatment, commu-  
8       nity reintegration, and monitoring to support the In-  
9       dian youths after their return to their home commu-  
10      nity.

11          “(2) ADMINISTRATION.—Services under para-  
12      graph (1) shall be provided by trained staff within  
13      the community who can assist the Indian youths in  
14      their continuing development of self-image, positive  
15      problem-solving skills, and nonalcohol or substance  
16      abusing behaviors. Such staff may include alcohol  
17      and substance abuse counselors, mental health pro-  
18      fessionals, and other health professionals and para-  
19      professionals, including community health represent-  
20      atives.

21          “(f) INCLUSION OF FAMILY IN YOUTH TREATMENT  
22      PROGRAM.—In providing the treatment and other services  
23      to Indian youths authorized by this section, the Secretary,  
24      acting through the Service, Indian Tribes, and Tribal Or-  
25      ganizations, shall provide for the inclusion of family mem-

1 bers of such youths in the treatment programs or other  
2 services as may be appropriate. Not less than 10 percent  
3 of the funds appropriated for the purposes of carrying out  
4 subsection (e) shall be used for outpatient care of adult  
5 family members related to the treatment of an Indian  
6 youth under that subsection.

7 “(g) MULTIDRUG ABUSE PROGRAM.—The Secretary,  
8 acting through the Service, Indian Tribes, Tribal Organi-  
9 zations, and Urban Indian Organizations, shall provide,  
10 consistent with section 701, programs and services to pre-  
11 vent and treat the abuse of multiple forms of substances,  
12 including, but not limited to, alcohol, drugs, inhalants, and  
13 tobacco, among Indian youths residing in Indian commu-  
14 nities, on or near reservations, and in urban areas and  
15 provide appropriate mental health services to address the  
16 incidence of mental illness among such youths.

17 **“SEC. 708. INPATIENT AND COMMUNITY-BASED MENTAL**  
18 **HEALTH FACILITIES DESIGN, CONSTRUC-**  
19 **TION, AND STAFFING.**

20 “Not later than 1 year after the date of the enact-  
21 ment of the Indian Health Care Improvement Act Amend-  
22 ments of 2003, the Secretary, acting through the Service,  
23 Indian Tribes, and Tribal Organizations, shall provide, in  
24 each area of the Service, not less than 1 inpatient mental  
25 health care facility, or the equivalent, for Indians with be-

1 havioral health problems. For the purposes of this sub-  
2 section, California shall be considered to be 2 Area Offices,  
3 1 office whose location shall be considered to encompass  
4 the northern area of the State of California and 1 office  
5 whose jurisdiction shall be considered to encompass the  
6 remainder of the State of California. The Secretary shall  
7 consider the possible conversion of existing, underused  
8 Service hospital beds into psychiatric units to meet such  
9 need.

10 **“SEC. 709. TRAINING AND COMMUNITY EDUCATION.**

11       “(a) PROGRAM.—The Secretary, in cooperation with  
12 the Secretary of the Interior, shall develop and implement  
13 or provide funding for Indian Tribes and Tribal Organiza-  
14 tions to develop and implement, within each Service Unit  
15 or tribal program, a program of community education and  
16 involvement which shall be designed to provide concise and  
17 timely information to the community leadership of each  
18 tribal community. Such program shall include education  
19 about behavioral health issues to political leaders, Tribal  
20 judges, law enforcement personnel, members of tribal  
21 health and education boards, health care providers includ-  
22 ing traditional practitioners, and other critical members  
23 of each tribal community. Community-based training (ori-  
24 ented toward local capacity development) shall also include  
25 tribal community provider training (designed for adult

1 learners from the communities receiving services for pre-  
2 vention, intervention, treatment, and aftercare).

3       “(b) INSTRUCTION.—The Secretary, acting through  
4 the Service, shall, either directly or through Indian Tribes  
5 and Tribal Organizations, provide instruction in the area  
6 of behavioral health issues, including instruction in crisis  
7 intervention and family relations in the context of alcohol  
8 and substance abuse, child sexual abuse, youth alcohol and  
9 substance abuse, and the causes and effects of fetal alco-  
10 hol disorders to appropriate employees of the Bureau of  
11 Indian Affairs and the Service, and to personnel in schools  
12 or programs operated under any contract with the Bureau  
13 of Indian Affairs or the Service, including supervisors of  
14 emergency shelters and halfway houses described in sec-  
15 tion 4213 of the Indian Alcohol and Substance Abuse Pre-  
16 vention and Treatment Act of 1986 (25 U.S.C. 2433).

17       “(c) TRAINING MODELS.—In carrying out the edu-  
18 cation and training programs required by this section, the  
19 Secretary, in consultation with Indian Tribes, Tribal Or-  
20 ganizations, Indian behavioral health experts, and Indian  
21 alcohol and substance abuse prevention experts, shall de-  
22 velop and provide community-based training models. Such  
23 models shall address—

24               “(1) the elevated risk of alcohol and behavioral  
25 health problems faced by children of alcoholics;

1           “(2)     the     cultural,     spiritual,     and  
2     multigenerational aspects of behavioral health prob-  
3     lem prevention and recovery; and

4           “(3)     community-based     and     multidisciplinary  
5     strategies for preventing and treating behavioral  
6     health problems.

7     **“SEC. 710. BEHAVIORAL HEALTH PROGRAM.**

8           “(a) INNOVATIVE PROGRAMS.—The Secretary, acting  
9     through the Service, Indian Tribes, and Tribal Organiza-  
10    tions, consistent with section 701, may plan, develop, im-  
11    plement, and carry out programs to deliver innovative  
12    community-based behavioral health services to Indians.

13          “(b) FUNDING; CRITERIA.—The Secretary may  
14    award such funding for a project under subsection (a) to  
15    an Indian Tribe or Tribal Organization and may consider  
16    the following criteria:

17           “(1) The project will address significant unmet  
18    behavioral health needs among Indians.

19           “(2) The project will serve a significant number  
20    of Indians.

21           “(3) The project has the potential to deliver  
22    services in an efficient and effective manner.

23           “(4) The Indian Tribe or Tribal Organization  
24    has the administrative and financial capability to ad-  
25    minister the project.

1           “(5) The project may deliver services in a man-  
2           ner consistent with Traditional Health Care Prac-  
3           tices.

4           “(6) The project is coordinated with, and avoids  
5           duplication of, existing services.

6           “(c) **EQUITABLE TREATMENT.**—For purposes of this  
7           subsection, the Secretary shall, in evaluating applications  
8           or proposals for funding for projects to be operated under  
9           any Funding Agreement, use the same criteria that the  
10          Secretary uses in evaluating any other application or pro-  
11          posal for such funding.

12       **“SEC. 711. FETAL ALCOHOL DISORDER FUNDING.**

13           “(a) **PROGRAMS.**—

14           “(1) **ESTABLISHMENT.**—The Secretary, con-  
15           sistent with section 701, acting through Indian  
16           Tribes and Tribal Organizations, shall establish and  
17           operate fetal alcohol disorder programs as provided  
18           in this section for the purposes of meeting the health  
19           status objectives specified in section 3.

20           “(2) **USE OF FUNDS.**—Funding provided pursu-  
21           ant to this section shall be used for the following:

22           “(A) To develop and provide for Indians  
23           community and in school training, education,  
24           and prevention programs relating to fetal alco-  
25           hol disorders.

1           “(B) To identify and provide behavioral  
2 health treatment to high-risk Indian women  
3 and high-risk women pregnant with an Indian’s  
4 child.

5           “(C) To identify and provide appropriate  
6 psychological services, educational and voca-  
7 tional support, counseling, advocacy, and infor-  
8 mation to fetal alcohol disorder affected Indians  
9 and their families or caretakers.

10          “(D) To develop and implement counseling  
11 and support programs in schools for fetal alco-  
12 hol disorder affected Indian children.

13          “(E) To develop prevention and interven-  
14 tion models which incorporate practitioners of  
15 Traditional Health Care Practices, cultural and  
16 spiritual values, and community involvement.

17          “(F) To develop, print, and disseminate  
18 education and prevention materials on fetal al-  
19 cohol disorder.

20          “(G) To develop and implement, through  
21 the tribal consultation process, culturally sen-  
22 sitive assessment and diagnostic tools including  
23 dysmorphology clinics and multidisciplinary  
24 fetal alcohol disorder clinics for use in Indian  
25 communities and Urban Centers.

1           “(H) To develop early childhood interven-  
2           tion projects from birth on to mitigate the ef-  
3           fects of fetal alcohol disorder among Indians.

4           “(I) To develop and fund community-based  
5           adult fetal alcohol disorder housing and support  
6           services for Indians and for women pregnant  
7           with an Indian’s child.

8           “(3) CRITERIA FOR APPLICATIONS.—The Sec-  
9           retary shall establish criteria for the review and ap-  
10          proval of applications for funding under this section.

11          “(b) SERVICES.—The Secretary, acting through the  
12          Service and Indian Tribes, Tribal Organizations, and  
13          Urban Indian Organizations, shall—

14               “(1) develop and provide services for the pre-  
15               vention, intervention, treatment, and aftercare for  
16               those affected by fetal alcohol disorder in Indian  
17               communities; and

18               “(2) provide supportive services, directly or  
19               through an Indian Tribe, Tribal Organization, or  
20               Urban Indian Organization, including services to  
21               meet the special educational, vocational, school-to-  
22               work transition, and independent living needs of ad-  
23               olescent and adult Indians with fetal alcohol dis-  
24               order.



1       “(c) TASK FORCE.—The Secretary shall establish a  
2 task force to be known as the Fetal Alcohol Disorder Task  
3 Force to advise the Secretary in carrying out subsection  
4 (b). Such task force shall be composed of representatives  
5 from the following:

6               “(1) The National Institute on Drug Abuse.

7               “(2) The National Institute on Alcohol and Al-  
8       coholism.

9               “(3) The Office of Substance Abuse Prevention.

10              “(4) The National Institute of Mental Health.

11              “(5) The Service.

12              “(6) The Office of Minority Health of the De-  
13       partment of Health and Human Services.

14              “(7) The Administration for Native Americans.

15              “(8) The National Institute of Child Health  
16       and Human Development (NICHD).

17              “(9) The Centers for Disease Control and Pre-  
18       vention.

19              “(10) The Bureau of Indian Affairs.

20              “(11) Indian Tribes.

21              “(12) Tribal Organizations.

22              “(13) Urban Indian Organizations.

23              “(14) Indian fetal alcohol disorder experts.

24       “(d) APPLIED RESEARCH PROJECTS.—The Sec-  
25       retary, acting through the Substance Abuse and Mental

1 Health Services Administration, shall make funding avail-  
 2 able to Indian Tribes, Tribal Organizations, and Urban  
 3 Indian Organizations for applied research projects which  
 4 propose to elevate the understanding of methods to pre-  
 5 vent, intervene, treat, or provide rehabilitation and behav-  
 6 ioral health aftercare for Indians and Urban Indians af-  
 7 fected by fetal alcohol disorder.

8 “(e) FUNDING FOR URBAN INDIAN ORGANIZA-  
 9 TIONS.—Ten percent of the funds appropriated pursuant  
 10 to this section shall be used to make grants to Urban In-  
 11 dian Organizations funded under title V.

12 **“SEC. 712. CHILD SEXUAL ABUSE AND PREVENTION TREAT-**  
 13 **MENT PROGRAMS.**

14 “(a) ESTABLISHMENT.—The Secretary, acting  
 15 through the Service, and the Secretary of the Interior, In-  
 16 dian Tribes, and Tribal Organizations shall establish, con-  
 17 sistent with section 701, in every Service Area, programs  
 18 involving treatment for—

19 “(1) victims of sexual abuse who are Indian  
 20 children or children in an Indian household; and

21 “(2) perpetrators of child sexual abuse who are  
 22 Indian or members of an Indian household.

23 “(b) USE OF FUNDS.—Funding provided pursuant to  
 24 this section shall be used for the following:

1           “(1) To develop and provide community edu-  
2           cation and prevention programs related to sexual  
3           abuse of Indian children or children in an Indian  
4           household.

5           “(2) To identify and provide behavioral health  
6           treatment to victims of sexual abuse who are Indian  
7           children or children in an Indian household, and to  
8           their family members who are affected by sexual  
9           abuse.

10          “(3) To develop prevention and intervention  
11          models which incorporate Traditional Health Care  
12          Practices, cultural and spiritual values, and commu-  
13          nity involvement.

14          “(4) To develop and implement, through the  
15          tribal consultation process, culturally sensitive as-  
16          sessment and diagnostic tools for use in Indian com-  
17          munities and Urban Centers.

18          “(5) To identify and provide behavioral health  
19          treatment to Indian perpetrators and perpetrators  
20          who are members of an Indian household—

21                 “(A) making efforts to begin offender and  
22                 behavioral health treatment while the pepe-  
23                 trator is incarcerated or at the earliest possible  
24                 date if the perpetrator is not incarcerated; and

1                   “(B) providing treatment after the perpe-  
2                   trator is released, until it is determined that the  
3                   perpetrator is not a threat to children.

4   **“SEC. 713. BEHAVIORAL HEALTH RESEARCH.**

5           “The Secretary, in consultation with appropriate  
6 Federal agencies, shall provide funding to Indian Tribes,  
7 Tribal Organizations, and Urban Indian Organizations or  
8 enter into contracts with, or make grants to appropriate  
9 institutions for, the conduct of research on the incidence  
10 and prevalence of behavioral health problems among Indi-  
11 ans served by the Service, Indian Tribes, or Tribal Organi-  
12 zations and among Indians in urban areas. Research pri-  
13 orities under this section shall include—

14           “(1) the interrelationship and interdependence  
15           of behavioral health problems with alcoholism and  
16           other substance abuse, suicide, homicides, other in-  
17           juries, and the incidence of family violence; and

18           “(2) the development of models of prevention  
19           techniques.

20 The effect of the interrelationships and interdependencies  
21 referred to in paragraph (1) on children, and the develop-  
22 ment of prevention techniques under paragraph (2) appli-  
23 cable to children, shall be emphasized.

1 **“SEC. 714. DEFINITIONS.**

2 “For the purpose of this title, the following defini-  
3 tions shall apply:

4 “(1) ASSESSMENT.—The term ‘assessment’  
5 means the systematic collection, analysis, and dis-  
6 semination of information on health status, health  
7 needs, and health problems.

8 “(2) ALCOHOL-RELATED NEURODEVELOP-  
9 MENTAL DISORDERS OR ARND.—The term ‘alcohol-  
10 related neurodevelopmental disorders’ or ‘ARND’  
11 means, with a history of maternal alcohol consump-  
12 tion during pregnancy, central nervous system in-  
13 volvement such as developmental delay, intellectual  
14 deficit, or neurologic abnormalities. Behaviorally,  
15 there can be problems with irritability, and failure to  
16 thrive as infants. As children become older there will  
17 likely be hyperactivity, attention deficit, language  
18 dysfunction, and perceptual and judgment problems.

19 “(3) BEHAVIORAL HEALTH.—The term ‘behav-  
20 ioral health’ means the blending of substance (alco-  
21 hol, drugs, inhalants, and tobacco) abuse and mental  
22 health prevention and treatment, for the purpose of  
23 providing comprehensive services. This can include  
24 the joint development of substance abuse and mental  
25 health treatment planning and coordinated case  
26 management using a multidisciplinary approach.

1           “(4) BEHAVIORAL HEALTH AFTERCARE.—The  
2           term ‘behavioral health aftercare’ includes those ac-  
3           tivities and resources used to support recovery fol-  
4           lowing inpatient, residential, intensive substance  
5           abuse, or mental health outpatient or outpatient  
6           treatment. The purpose is to help prevent or deal  
7           with relapse by ensuring that by the time a client or  
8           patient is discharged from a level of care, such as  
9           outpatient treatment, an aftercare plan has been de-  
10          veloped with the client. An aftercare plan may use  
11          such resources a as community-based therapeutic  
12          group, transitional living facilities, a 12-step spon-  
13          sor, a local 12-step or other related support group,  
14          and other community-based providers (mental health  
15          professionals, traditional health care practitioners,  
16          community health aides, community health rep-  
17          resentatives, mental health technicians, ministers,  
18          etc.)

19           “(5) DUAL DIAGNOSIS.—The term ‘dual diag-  
20          nosis’ means coexisting substance abuse and mental  
21          illness conditions or diagnosis. Such clients are  
22          sometimes referred to as mentally ill chemical abus-  
23          ers (MICAs).

24           “(6) FETAL ALCOHOL DISORDERS.—The term  
25          ‘fetal alcohol disorders’ means fetal alcohol syn-

1 drome, partial fetal alcohol syndrome and alcohol re-  
2 lated neurodevelopmental disorder (ARND).

3 “(7) FETAL ALCOHOL SYNDROME OR FAS.—  
4 The term ‘fetal alcohol syndrome’ or ‘FAS’ means a  
5 syndrome in which, with a history of maternal alco-  
6 hol consumption during pregnancy, the following cri-  
7 teria are met:

8 “(A) Central nervous system involvement  
9 such as developmental delay, intellectual deficit,  
10 microencephaly, or neurologic abnormalities.

11 “(B) Craniofacial abnormalities with at  
12 least 2 of the following: microphthalmia, short  
13 palpebral fissures, poorly developed philtrum,  
14 thin upper lip, flat nasal bridge, and short  
15 upturned nose.

16 “(C) Prenatal or postnatal growth delay.

17 “(8) PARTIAL FAS.—The term ‘partial FAS’  
18 means, with a history of maternal alcohol consump-  
19 tion during pregnancy, having most of the criteria of  
20 FAS, though not meeting a minimum of at least 2  
21 of the following: microphthalmia, short palpebral  
22 fissures, poorly developed philtrum, thin upper lip,  
23 flat nasal bridge, and short upturned nose.

24 “(9) REHABILITATION.—The term ‘rehabilita-  
25 tion’ means to restore the ability or capacity to en-

1       gage in usual and customary life activities through  
2       education and therapy.

3               “(10) SUBSTANCE ABUSE.—The term ‘sub-  
4       stance abuse’ includes inhalant abuse.

5       **“SEC. 715. AUTHORIZATION OF APPROPRIATIONS.**

6               “‘There is authorized to be appropriated such sums  
7       as may be necessary for each fiscal year through fiscal  
8       year 2015 to carry out the provisions of this title.

9       **“TITLE VIII—MISCELLANEOUS**

10      **“SEC. 801. REPORTS.**

11              “‘The President shall, at the time the budget is sub-  
12      mitted under section 1105 of title 31, United States Code,  
13      for each fiscal year transmit to Congress a report con-  
14      taining the following:

15              “(1) A report on the progress made in meeting  
16      the objectives of this Act, including a review of pro-  
17      grams established or assisted pursuant to this Act  
18      and assessments and recommendations of additional  
19      programs or additional assistance necessary to, at a  
20      minimum, provide health services to Indians and en-  
21      sure a health status for Indians, which are at a par-  
22      ity with the health services available to and the  
23      health status of the general population, including  
24      specific comparisons of appropriations provided and  
25      those required for such parity.



1           “(2) A report on whether, and to what extent,  
2           new national health care programs, benefits, initia-  
3           tives, or financing systems have had an impact on  
4           the purposes of this Act and any steps that the Sec-  
5           retary may have taken to consult with Indian Tribes,  
6           Tribal Organizations, and Urban Indian Organiza-  
7           tions to address such impact, including a report on  
8           proposed changes in allocation of funding pursuant  
9           to section 808.

10           “(3) A report on the use of health services by  
11           Indians—

12                   “(A) on a national and area or other rel-  
13                   evant geographical basis;

14                   “(B) by gender and age;

15                   “(C) by source of payment and type of  
16                   service;

17                   “(D) comparing such rates of use with  
18                   rates of use among comparable non-Indian pop-  
19                   ulations; and

20                   “(E) on the services provided under Fund-  
21                   ing Agreements.

22           “(4) A report of contractors to the Secretary on  
23           Health Care Educational Loan Repayments every 6  
24           months required by section 110.

1           “(5) A general audit report of the Secretary on  
2           the Health Care Educational Loan Repayment Pro-  
3           gram as required by section 110(n).

4           “(6) A report of the findings and conclusions of  
5           demonstration programs on development of edu-  
6           cational curricula for substance abuse counseling as  
7           required in section 126(f).

8           “(7) A separate statement which specifies the  
9           amount of funds requested to carry out the provi-  
10          sions of section 201.

11          “(8) A report of the evaluations of health pro-  
12          motion and disease prevention as required in section  
13          203(c).

14          “(9) A biennial report to Congress on infectious  
15          diseases as required by section 212.

16          “(10) A report on environmental and nuclear  
17          health hazards as required by section 215.

18          “(11) An annual report on the status of all  
19          health care facilities needs as required by section  
20          301(c)(2) and 301(d).

21          “(12) Reports on safe water and sanitary waste  
22          disposal facilities as required by section 302(i).

23          “(13) An annual report on the expenditure of  
24          nonservice funds for renovation as required by sec-  
25          tions 304(b)(2).

1           “(14) A report identifying the backlog of main-  
2           tenance and repair required at Service and tribal fa-  
3           cilities required by section 313(a).

4           “(15) A report providing an accounting of reim-  
5           bursement funds made available to the Secretary  
6           under titles XVIII, XIX, and XXI of the Social Se-  
7           curity Act.

8           “(16) A report on any arrangements for the  
9           sharing of medical facilities or services between the  
10          Service, Indian Tribes, and Tribal Organizations,  
11          and the Department of Veterans Affairs and the De-  
12          partment of Defense, as authorized by section 406.

13          “(17) A report on evaluation and renewal of  
14          Urban Indian programs under section 505.

15          “(18) A report on the evaluation of programs  
16          as required by section 513(d).

17          “(19) A report on alcohol and substance abuse  
18          as required by section 701(f).

19   **“SEC. 802. REGULATIONS.**

20          “(a) DEADLINES.—

21               “(1) PROCEDURES.—Not later than 90 days  
22               after the date of the enactment of the Indian Health  
23               Care Improvement Act Amendments of 2003, the  
24               Secretary shall initiate procedures under subchapter  
25               III of chapter 5 of title 5, United States Code, to

1 negotiate and promulgate such regulations or  
2 amendments thereto that are necessary to carry out  
3 titles I, II, III, IV, and VII and section 817. The  
4 Secretary may promulgate regulations to carry out  
5 sections 105, 115, 117, and title V, using the proce-  
6 dures required by the Administrative Procedures  
7 Act. The Secretary shall issue no regulations to  
8 carry out titles VI and VIII, except as necessary to  
9 carry out section 817.

10 “(2) PROPOSED REGULATIONS.—Proposed reg-  
11 ulations to implement this Act shall be published in  
12 the Federal Register by the Secretary no later than  
13 270 days after the date of the enactment of the In-  
14 dian Health Care Improvement Act Amendments of  
15 2003 and shall have no less than a 120-day com-  
16 ment period.

17 “(3) EXPIRATION OF AUTHORITY.—The author-  
18 ity to promulgate regulations under this Act shall  
19 expire 18 months from the date of the enactment of  
20 this Act.

21 “(b) COMMITTEE.—A negotiated rulemaking com-  
22 mittee established pursuant to section 565 of title 5,  
23 United States Code, to carry out this section shall have  
24 as its members only representatives of the Federal Gov-  
25 ernment and representatives of Indian Tribes and Tribal

1 Organizations, a majority of whom shall be nominated by  
2 and be representatives of Indian Tribes, Tribal Organiza-  
3 tions, and Urban Indian Organizations from each Service  
4 Area.

5 “(c) ADAPTATION OF PROCEDURES.—The Secretary  
6 shall adapt the negotiated rulemaking procedures to the  
7 unique context of self-governance and the government-to-  
8 government relationship between the United States and  
9 Indian Tribes.

10 “(d) LACK OF REGULATIONS.—The lack of promul-  
11 gated regulations shall not limit the effect of this Act.

12 “(e) INCONSISTENT REGULATIONS.—The provisions  
13 of this Act shall supersede any conflicting provisions of  
14 law (including any conflicting regulations) in effect on the  
15 day before the date of the enactment of the Indian Health  
16 Care Improvement Act Amendments of 2003, and the Sec-  
17 retary is authorized to repeal any regulation inconsistent  
18 with the provisions of this Act.

19 **“SEC. 803. PLAN OF IMPLEMENTATION.**

20 “Not later than 8 months after the date of the enact-  
21 ment of the Indian Health Care Improvement Act Amend-  
22 ments of 2003, the Secretary in consultation with Indian  
23 Tribes, Tribal Organizations, and Urban Indian Organiza-  
24 tions, shall submit to Congress a plan explaining the man-  
25 ner and schedule (including a schedule of appropriation

1 requests), by title and section, by which the Secretary will  
2 implement the provisions of this Act.

3 **“SEC. 804. AVAILABILITY OF FUNDS.**

4 “The funds appropriated pursuant to this Act shall  
5 remain available until expended.

6 **“SEC. 805. LIMITATION ON USE OF FUNDS APPROPRIATED**  
7 **TO THE INDIAN HEALTH SERVICE.**

8 “Any limitation on the use of funds contained in an  
9 Act providing appropriations for the Department for a pe-  
10 riod with respect to the performance of abortions shall  
11 apply for that period with respect to the performance of  
12 abortions using funds contained in an Act providing ap-  
13 propriations for the Service.

14 **“SEC. 806. ELIGIBILITY OF CALIFORNIA INDIANS.**

15 “(a) IN GENERAL.—The following California Indians  
16 shall be eligible for health services provided by the Service:

17 “(1) Any member of a federally recognized In-  
18 dian Tribe.

19 “(2) Any descendant of an Indian who was re-  
20 siding in California on June 1, 1852, if such de-  
21 scendant—

22 “(A) is a member of the Indian community  
23 served by a local program of the Service; and

24 “(B) is regarded as an Indian by the com-  
25 munity in which such descendant lives.

1           “(3) Any Indian who holds trust interests in  
2           public domain, national forest, or reservation allot-  
3           ments in California.

4           “(4) Any Indian in California who is listed on  
5           the plans for distribution of the assets of California  
6           rancherias and reservations under the Act of August  
7           18, 1958 (72 Stat. 619), and any descendant of  
8           such an Indian.

9           “(b) CLARIFICATION.—Nothing in this section may  
10          be construed as expanding the eligibility of California Indi-  
11          ans for health services provided by the Service beyond the  
12          scope of eligibility for such health services that applied on  
13          May 1, 1986.

14       **“SEC. 807. HEALTH SERVICES FOR INELIGIBLE PERSONS.**

15           “(a) CHILDREN.—Any individual who—

16                   “(1) has not attained 19 years of age;

17                   “(2) is the natural or adopted child, stepchild,  
18           foster child, legal ward, or orphan of an eligible In-  
19           dian; and

20                   “(3) is not otherwise eligible for health services  
21           provided by the Service,

22          shall be eligible for all health services provided by the  
23          Service on the same basis and subject to the same rules  
24          that apply to eligible Indians until such individual attains  
25          19 years of age. The existing and potential health needs

1 of all such individuals shall be taken into consideration  
2 by the Service in determining the need for, or the alloca-  
3 tion of, the health resources of the Service. If such an indi-  
4 vidual has been determined to be legally incompetent prior  
5 to attaining 19 years of age, such individual shall remain  
6 eligible for such services until 1 year after the date of a  
7 determination of competency.

8       “(b) SPOUSES.—Any spouse of an eligible Indian who  
9 is not an Indian, or who is of Indian descent but not other-  
10 wise eligible for the health services provided by the Serv-  
11 ice, shall be eligible for such health services if all such  
12 spouses or spouses who are married to members of the  
13 Indian Tribe(s) being served are made eligible, as a class,  
14 by an appropriate resolution of the governing body of the  
15 Indian Tribe or Tribal Organization providing such serv-  
16 ices. The health needs of persons made eligible under this  
17 paragraph shall not be taken into consideration by the  
18 Service in determining the need for, or allocation of, its  
19 health resources.

20       “(c) PROVISION OF SERVICES TO OTHER INDIVID-  
21 UALS.—

22       “(1) IN GENERAL.—The Secretary is authorized  
23 to provide health services under this subsection  
24 through health programs operated directly by the  
25 Service to individuals who reside within the Service



1 Unit and who are not otherwise eligible for such  
2 health services if—

3 “(A) the Indian Tribes served by such  
4 Service Unit request such provision of health  
5 services to such individuals; and

6 “(B) the Secretary and the served Indian  
7 Tribes have jointly determined that—

8 “(i) the provision of such health serv-  
9 ices will not result in a denial or diminu-  
10 tion of health services to eligible Indians;  
11 and

12 “(ii) there is no reasonable alternative  
13 health facilities or services, within or with-  
14 out the Service Unit, available to meet the  
15 health needs of such individuals.

16 “(2) ISDEAA PROGRAMS.—In the case of a  
17 Tribal Health Program, the governing body of the  
18 Indian Tribe or Tribal Organization providing health  
19 services under such Tribal Health Program is au-  
20 thorized to determine whether health services should  
21 be provided under its Funding Agreement to individ-  
22 uals who are not otherwise eligible for such services.  
23 In making such determination, the governing body  
24 shall take into account the considerations described  
25 in clauses (i) and (ii) of paragraph (1)(B).

1           “(3) PAYMENT FOR SERVICES.—

2                   “(A) IN GENERAL.—Persons receiving  
3 health services provided by the Service under of  
4 this subsection shall be liable for payment of  
5 such health services under a schedule of charges  
6 prescribed by the Secretary which, in the judg-  
7 ment of the Secretary, results in reimbursement  
8 in an amount not less than the actual cost of  
9 providing the health services. Notwithstanding  
10 section 1880(c) of the Social Security Act, sec-  
11 tion 404 of this Act, or any other provision of  
12 law, amounts collected under this subsection,  
13 including medicare, medicaid, or SCHIP reim-  
14 bursements under titles XVIII, XIX, and XXI  
15 of the Social Security Act, shall be credited to  
16 the account of the program providing the serv-  
17 ice and shall be used for the purposes listed in  
18 section 401(d)(2) and amounts collected under  
19 this subsection shall be available for expendi-  
20 ture within such program.

21                   “(B) INDIGENT PEOPLE.—Health services  
22 may be provided by the Secretary through the  
23 Service under this subsection to an indigent in-  
24 dividual who would not be otherwise eligible for  
25 such health services but for the provisions of

1 paragraph (1) only if an agreement has been  
2 entered into with a State or local government  
3 under which the State or local government  
4 agrees to reimburse the Service for the expenses  
5 incurred by the Service in providing such health  
6 services to such indigent individual.

7 “(4) REVOCATION OF CONSENT FOR SERV-  
8 ICES.—

9 “(A) SINGLE TRIBE SERVICE AREA.—In  
10 the case of a Service Area which serves only 1  
11 Indian Tribe, the authority of the Secretary to  
12 provide health services under paragraph (1)  
13 shall terminate at the end of the fiscal year suc-  
14 ceeding the fiscal year in which the governing  
15 body of the Indian Tribe revokes its concur-  
16 rence to the provision of such health services.

17 “(B) MULTITRIBAL SERVICE AREA.—In  
18 the case of a multitribal Service Area, the au-  
19 thority of the Secretary to provide health serv-  
20 ices under paragraph (1) shall terminate at the  
21 end of the fiscal year succeeding the fiscal year  
22 in which at least 51 percent of the number of  
23 Indian Tribes in the Service Area revoke their  
24 concurrence to the provisions of such health  
25 services.

1       “(d) OTHER SERVICES.—The Service may provide  
2 health services under this subsection to individuals who  
3 are not eligible for health services provided by the Service  
4 under any other provision of law in order to—

5           “(1) achieve stability in a medical emergency;

6           “(2) prevent the spread of a communicable dis-  
7 ease or otherwise deal with a public health hazard;

8           “(3) provide care to non-Indian women preg-  
9 nant with an eligible Indian’s child for the duration  
10 of the pregnancy through postpartum; or

11          “(4) provide care to immediate family members  
12 of an eligible person if such care is directly related  
13 to the treatment of the eligible individual.

14       “(e) HOSPITAL PRIVILEGES FOR PRACTITIONERS.—  
15 Hospital privileges in health facilities operated and main-  
16 tained by the Service or operated under a Funding Agree-  
17 ment may be extended to non-Service health care practi-  
18 tioners who provide services to individuals described in  
19 subsection (a), (b), (c), or (d). Such non-Service health  
20 care practitioners may be regarded as employees of the  
21 Federal Government for purposes of section 1346(b) and  
22 chapter 171 of title 28, United States Code (relating to  
23 Federal tort claims) only with respect to acts or omissions  
24 which occur in the course of providing services to eligible

1 persons as a part of the conditions under which such hos-  
2 pital privileges are extended.

3 “(f) ELIGIBLE INDIAN.—For purposes of this sec-  
4 tion, the term ‘eligible Indian’ means any Indian who is  
5 eligible for health services provided by the Service without  
6 regard to the provisions of this section.

7 **“SEC. 808. REALLOCATION OF BASE RESOURCES.**

8 “(a) REPORT REQUIRED.—Notwithstanding any  
9 other provision of law, any allocation of Service funds for  
10 a fiscal year that reduces by 5 percent or more from the  
11 previous fiscal year the funding for any recurring pro-  
12 gram, project, or activity of a Service Unit may be imple-  
13 mented only after the Secretary has submitted to the  
14 President, for inclusion in the report required to be trans-  
15 mitted to Congress under section 801, a report on the pro-  
16 posed change in allocation of funding, including the rea-  
17 sons for the change and its likely effects.

18 “(b) EXCEPTION.—Subsection (a) shall not apply if  
19 the total amount appropriated to the Service for a fiscal  
20 year is at least 5 percent less than the amount appro-  
21 priated to the Service for the previous fiscal year.

22 **“SEC. 809. RESULTS OF DEMONSTRATION PROJECTS.**

23 “The Secretary shall provide for the dissemination to  
24 Indian Tribes, Tribal Organizations, and Urban Indian

1 Organizations of the findings and results of demonstration  
2 projects conducted under this Act.

3 **“SEC. 810. PROVISION OF SERVICES IN MONTANA.**

4 “(a) CONSISTENT WITH COURT DECISION.—The  
5 Secretary, acting through the Service, shall provide serv-  
6 ices and benefits for Indians in Montana in a manner con-  
7 sistent with the decision of the United States Court of Ap-  
8 peals for the Ninth Circuit in *McNabb* for *McNabb v.*  
9 *Bowen*, 829 F.2d 787 (9th Cir. 1987).

10 “(b) CLARIFICATION.—The provisions of subsection  
11 (a) shall not be construed to be an expression of the sense  
12 of Congress on the application of the decision described  
13 in subsection (a) with respect to the provision of services  
14 or benefits for Indians living in any State other than Mon-  
15 tana.

16 **“SEC. 811. MORATORIUM.**

17 “During the period of the moratorium imposed on  
18 implementation of the final rule published in the Federal  
19 Register on September 16, 1987, by the Health Resources  
20 and Services Administration of the Public Health Service,  
21 relating to eligibility for the health care services of the  
22 Indian Health Service, the Indian Health Service shall  
23 provide services pursuant to the criteria for eligibility for  
24 such services that were in effect on September 15, 1987,  
25 subject to the provisions of sections 806 and 807 until

1 such time as new criteria governing eligibility for services  
2 are developed in accordance with section 802.

3 **“SEC. 812. TRIBAL EMPLOYMENT.**

4 “For purposes of section 2(2) of the Act of July 5,  
5 1935 (49 Stat. 450, chapter 372), an Indian Tribe or  
6 Tribal Organization carrying out a Funding Agreement  
7 shall not be considered an ‘employer’.

8 **“SEC. 813. PRIME VENDOR.**

9 “(a) EXECUTIVE AGENCY STATUS.—For purposes of  
10 section 201(a) of the Federal Property and Administrative  
11 Services Act (40 U.S.C. 481(a)) (relating to Federal  
12 sources of supply, including lodging providers, airlines,  
13 and other transportation providers), a Tribal Health Pro-  
14 gram shall be deemed an executive agency when carrying  
15 out a contract, grant, cooperative agreement, or Funding  
16 Agreement with the Service and shall have access to the  
17 Federal Supply Schedule and any other Federal source of  
18 supply to which executive agencies have access.

19 “(b) HHS STATUS.—For purposes of section 4 of  
20 Public Law 102–585 (38 U.S.C. 8126), a Tribal Health  
21 Program shall have the status of the Indian Health Serv-  
22 ice and shall have direct access to the Veterans Adminis-  
23 tration prime vendor provided for in section 4 of Public  
24 Law 102–585.

1       “(c) EMPLOYEE STATUS.—The employees of such  
2 Tribal Health Programs may order supplies under such  
3 respective programs on the same basis as employees of the  
4 Service.

5       **“SEC. 814. SEVERABILITY PROVISIONS.**

6       “If any provision of this Act, any amendment made  
7 by the Act, or the application of such provision or amend-  
8 ment to any person or circumstances is held to be invalid,  
9 the remainder of this Act, the remaining amendments  
10 made by this Act, and the application of such provisions  
11 to persons or circumstances other than those to which it  
12 is held invalid, shall not be affected thereby.

13       **“SEC. 815. ESTABLISHMENT OF NATIONAL BIPARTISAN**  
14                       **COMMISSION ON INDIAN HEALTH CARE ENTI-**  
15                       **TLEMENT.**

16       “(a) ESTABLISHMENT.—There is hereby established  
17 the National Bipartisan Indian Health Care Entitlement  
18 Commission (the ‘Commission’).

19       “(b) DUTIES OF COMMISSION.—The duties of the  
20 Commission are the following:

21               “(1) To establish a study committee composed  
22 of those members of the Commission appointed by  
23 the Director and at least 4 members of Congress  
24 from among the members of the Commission, the  
25 duties of which shall be the following:



1           “(A) To the extent necessary to carry out  
2           its duties, collect and compile data necessary to  
3           understand the extent of Indian needs with re-  
4           gard to the provision of health services, regard-  
5           less of the location of Indians, including holding  
6           hearings and soliciting the views of Indians, In-  
7           dian Tribes, Tribal Organizations, and Urban  
8           Indian Organizations, which may include au-  
9           thorizing and making funds available for feasi-  
10          bility studies of various models for providing  
11          and funding health services for all Indian bene-  
12          ficiaries, including those who live outside of a  
13          reservation, temporarily or permanently.

14          “(B) To make recommendations to the  
15          Commission for legislation that will provide for  
16          the delivery of health services for Indians as an  
17          entitlement, which will address, among other  
18          things, issues of eligibility, benefits to be pro-  
19          vided, including recommendations regarding  
20          from whom such health services are to be pro-  
21          vided and the cost, including mechanisms for  
22          making funds available for the health services  
23          to be provided.

24          “(C) To determine the effect of the enact-  
25          ment of such recommendations on (i) the exist-

1 ing system of delivery of health services for In-  
2 dians, and (ii) the sovereign status of Indian  
3 Tribes.

4 “(D) Not later than 12 months after the  
5 appointment of all members of the Commission,  
6 to submit a written report of its findings and  
7 recommendations to the full Commission. The  
8 report shall include a statement of the minority  
9 and majority position of the Committee and  
10 shall be disseminated, at a minimum, to every  
11 Indian Tribe, Tribal Organization, and Urban  
12 Indian Organization for comment to the Com-  
13 mission.

14 “(E) To report regularly to the full Com-  
15 mission regarding the findings and rec-  
16 ommendations developed by the study com-  
17 mittee in the course of carrying out its duties  
18 under this section.

19 “(2) To review and analyze the recommenda-  
20 tions of the report of the study committee.

21 “(3) To make recommendations to Congress for  
22 providing health services for Indians as an entitle-  
23 ment, giving due regard to the effects of such a pro-  
24 gram on existing health care delivery systems for In-

1       dians and the effect of such a program on the sov-  
2       ereign status of Indian Tribes.

3           “(4) Not later than 18 months following the  
4       date of appointment of all members of the Commis-  
5       sion, submit a written report to Congress containing  
6       a recommendation of policies and legislation to im-  
7       plement a policy that would establish a health care  
8       system for Indians based on delivery of health serv-  
9       ices as an entitlement, together with a determination  
10      of the implications of such an entitlement system on  
11      existing health care delivery systems for Indians and  
12      on the sovereign status of Indian Tribes.

13      “(c) MEMBERS.—

14           “(1) APPOINTMENT.—The Commission shall be  
15      composed of 25 members, appointed as follows:

16           “(A) Ten members of Congress, including  
17           3 from the United States House of Representa-  
18           tives and 2 from the United States Senate, ap-  
19           pointed by their respective majority leaders, and  
20           3 from the United States House of Representa-  
21           tives and 2 from the United States Senate, ap-  
22           pointed by their respective minority leaders, and  
23           who shall be members of the standing commit-  
24           tees of Congress that consider legislation affect-  
25           ing health care to Indians.

1           “(B) Twelve persons chosen by the Con-  
2           gressional members of the Commission, 1 from  
3           each Service Area as currently designated by  
4           the Director to be chosen from among 3 nomi-  
5           nees from each Service Area put forward by the  
6           Indian Tribes within the area, with due regard  
7           being given to the experience and expertise of  
8           the nominees in the provision of health care to  
9           Indians and to a reasonable representation on  
10          the commission of members who are familiar  
11          with various health care delivery modes and  
12          who represent Indian Tribes of various size  
13          populations.

14          “(C) Three persons appointed by the Di-  
15          rector who are knowledgeable about the provi-  
16          sion of health care to Indians, at least one of  
17          whom shall be appointed from among 3 nomi-  
18          nees put forward by those programs whose  
19          funds are provided in whole or in part by the  
20          Service primarily or exclusively for the benefit  
21          of Urban Indians.

22          “(D) All those persons chosen by the Con-  
23          gressional members of the Commission and by  
24          the Director shall be members of federally rec-  
25          ognized Indian Tribes.

1           “(2) CHAIR; VICE CHAIR.—The Chair and Vice  
2           Chair of the Commission shall be selected by the  
3           Congressional members of the Commission.

4           “(3) TERMS.—The terms of members of the  
5           Commission shall be for the life of the Commission.

6           “(4) DEADLINE FOR APPOINTMENTS.—Con-  
7           gressional members of the Commission shall be ap-  
8           pointed not later than 90 days after the date of the  
9           enactment of the Indian Health Care Improvement  
10          Act Amendments of 2003, and the remaining mem-  
11          bers of the Commission shall be appointed not later  
12          than 60 days following the appointment of the Con-  
13          gressional members.

14          “(5) VACANCY.—A vacancy in the Commission  
15          shall be filled in the manner in which the original  
16          appointment was made.

17          “(d) COMPENSATION.—

18               “(1) CONGRESSIONAL MEMBERS.—Each Con-  
19               gressional member of the Commission shall receive  
20               no additional pay, allowances, or benefits by reason  
21               of their service on the Commission and shall receive  
22               travel expenses and per diem in lieu of subsistence  
23               in accordance with sections 5702 and 5703 of title  
24               5, United States Code.

1           “(2) OTHER MEMBERS.—Remaining members  
2           of the Commission, while serving on the business of  
3           the Commission (including travel time), shall be en-  
4           titled to receive compensation at the per diem equiv-  
5           alent of the rate provided for level IV of the Execu-  
6           tive Schedule under section 5315 of title 5, United  
7           States Code, and while so serving away from home  
8           and the member’s regular place of business, a mem-  
9           ber may be allowed travel expenses, as authorized by  
10          the Chairman of the Commission. For purpose of  
11          pay (other than pay of members of the Commission)  
12          and employment benefits, rights, and privileges, all  
13          personnel of the Commission shall be treated as if  
14          they were employees of the United States Senate.

15          “(e) MEETINGS.—The Commission shall meet at the  
16          call of the Chair.

17          “(f) QUORUM.—A quorum of the Commission shall  
18          consist of not less than 15 members, provided that no less  
19          than 6 of the members of Congress who are Commission  
20          members are present and no less than 9 of the members  
21          who are Indians are present.

22          “(g) EXECUTIVE DIRECTOR; STAFF; FACILITIES.—

23                  “(1) APPOINTMENT; PAY.—The Commission  
24          shall appoint an executive director of the Commis-

1        sion. The executive director shall be paid the rate of  
2        basic pay for level V of the Executive Schedule.

3            “(2) STAFF APPOINTMENT.—With the approval  
4        of the Commission, the executive director may ap-  
5        point such personnel as the executive director deems  
6        appropriate.

7            “(3) STAFF PAY.—The staff of the Commission  
8        shall be appointed without regard to the provisions  
9        of title 5, United States Code, governing appoint-  
10       ments in the competitive service, and shall be paid  
11       without regard to the provisions of chapter 51 and  
12       subchapter III of chapter 53 of such title (relating  
13       to classification and General Schedule pay rates).

14           “(4) TEMPORARY SERVICES.—With the ap-  
15        proval of the Commission, the executive director may  
16        procure temporary and intermittent services under  
17        section 3109(b) of title 5, United States Code.

18           “(5) FACILITIES.—The Administrator of Gen-  
19        eral Services shall locate suitable office space for the  
20        operation of the Commission. The facilities shall  
21        serve as the headquarters of the Commission and  
22        shall include all necessary equipment and incidentals  
23        required for the proper functioning of the Commis-  
24        sion.

1       “(h) HEARINGS.—(1) For the purpose of carrying  
2 out its duties, the Commission may hold such hearings  
3 and undertake such other activities as the Commission de-  
4 termines to be necessary to carry out its duties, provided  
5 that at least 6 regional hearings are held in different areas  
6 of the United States in which large numbers of Indians  
7 are present. Such hearings are to be held to solicit the  
8 views of Indians regarding the delivery of health care serv-  
9 ices to them. To constitute a hearing under this sub-  
10 section, at least 5 members of the Commission, including  
11 at least 1 member of Congress, must be present. Hearings  
12 held by the study committee established in this section  
13 may count towards the number of regional hearings re-  
14 quired by this subsection.

15       “(2) Upon request of the Commission, the Comp-  
16 troller General shall conduct such studies or investigations  
17 as the Commission determines to be necessary to carry  
18 out its duties.

19       “(3)(A) The Director of the Congressional Budget  
20 Office or the Chief Actuary of the Centers for Medicare  
21 and Medicaid Services, or both, shall provide to the Com-  
22 mission, upon the request of the Commission, such cost  
23 estimates as the Commission determines to be necessary  
24 to carry out its duties.



1       “(B) The Commission shall reimburse the Director  
2 of the Congressional Budget Office for expenses relating  
3 to the employment in the office of the Director of such  
4 additional staff as may be necessary for the Director to  
5 comply with requests by the Commission under subpara-  
6 graph (A).

7       “(4) Upon the request of the Commission, the head  
8 of any Federal agency is authorized to detail, without re-  
9 imbursement, any of the personnel of such agency to the  
10 Commission to assist the Commission in carrying out its  
11 duties. Any such detail shall not interrupt or otherwise  
12 affect the civil service status or privileges of the Federal  
13 employee.

14       “(5) Upon the request of the Commission, the head  
15 of a Federal agency shall provide such technical assistance  
16 to the Commission as the Commission determines to be  
17 necessary to carry out its duties.

18       “(6) The Commission may use the United States  
19 mails in the same manner and under the same conditions  
20 as Federal agencies and shall, for purposes of the frank,  
21 be considered a commission of Congress as described in  
22 section 3215 of title 39, United States Code.

23       “(7) The Commission may secure directly from any  
24 Federal agency information necessary to enable it to carry  
25 out its duties, if the information may be disclosed under

1 section 552 of title 4, United States Code. Upon request  
2 of the Chairman of the Commission, the head of such  
3 agency shall furnish such information to the Commission.

4 “(8) Upon the request of the Commission, the Ad-  
5 ministrator of General Services shall provide to the Com-  
6 mission on a reimbursable basis such administrative sup-  
7 port services as the Commission may request.

8 “(9) For purposes of costs relating to printing and  
9 binding, including the cost of personnel detailed from the  
10 Government Printing Office, the Commission shall be  
11 deemed to be a committee of Congress.

12 “(i) AUTHORIZATION OF APPROPRIATIONS.—There is  
13 authorized to be appropriated \$4,000,000 to carry out the  
14 provisions of this section, which sum shall not be deducted  
15 from or affect any other appropriation for health care for  
16 Indian persons.

17 “(j) FACA.—The Federal Advisory Committee Act  
18 (5 U.S.C. App.) shall not apply to the Commission.

19 **“SEC. 816. APPROPRIATIONS; AVAILABILITY.**

20 “Any new spending authority (described in subsection  
21 (c)(2)(A) or (B) of section 401 of the Congressional Budg-  
22 et Act of 1974) which is provided under this Act shall  
23 be effective for any fiscal year only to such extent or in  
24 such amounts as are provided in appropriation Acts.

1 **“SEC. 817. CONFIDENTIALITY OF MEDICAL QUALITY ASSUR-**  
2 **ANCE RECORDS: QUALIFIED IMMUNITY FOR**  
3 **PARTICIPANTS.**

4 “(a) CONFIDENTIALITY OF RECORDS.—Medical qual-  
5 ity assurance records created by or for any Indian Health  
6 Program or a health program of an Urban Indian Organi-  
7 zation as part of a medical quality assurance program are  
8 confidential and privileged. Such records may not be dis-  
9 closed to any person or entity, except as provided in sub-  
10 section (c).

11 “(b) PROHIBITION ON DISCLOSURE AND TESTI-  
12 MONY.—

13 “(1) No part of any medical quality assurance  
14 record described in subsection (a) may be subject to  
15 discovery or admitted into evidence in any judicial or  
16 administrative proceeding, except as provided in sub-  
17 section (c).

18 “(2) A person who reviews or creates medical  
19 quality assurance records for any Indian health pro-  
20 gram or who participates in any proceeding that re-  
21 views or creates such records may not be permitted  
22 or required to testify in any judicial or administra-  
23 tive proceeding with respect to such records or with  
24 respect to any finding, recommendation, evaluation,  
25 opinion, or action taken by such person or body in

1 connection with such records except as provided in  
2 this section.

3 “(c) AUTHORIZED DISCLOSURE AND TESTIMONY.—

4 “(1) Subject to paragraph (2), a medical qual-  
5 ity assurance record described in subsection (a) may  
6 be disclosed, and a person referred to in subsection  
7 (b) may give testimony in connection with such a  
8 record, only as follows:

9 “(A) To a Federal executive agency or pri-  
10 vate organization, if such medical quality assur-  
11 ance record or testimony is needed by such  
12 agency or organization to perform licensing or  
13 accreditation functions related to any Indian  
14 Health Program or to a health program of an  
15 Urban Indian Organization to perform moni-  
16 toring, required by law, of such program or or-  
17 ganization.

18 “(B) To an administrative or judicial pro-  
19 ceeding commenced by a present or former In-  
20 dian Health Program or Urban Indian Organi-  
21 zation provider concerning the termination, sus-  
22 pension, or limitation of clinical privileges of  
23 such health care provider.

24 “(C) To a governmental board or agency  
25 or to a professional health care society or orga-

1           nization, if such medical quality assurance  
2           record or testimony is needed by such board,  
3           agency, society, or organization to perform li-  
4           censing, credentialing, or the monitoring of pro-  
5           fessional standards with respect to any health  
6           care provider who is or was an employee of any  
7           Indian Health Program or Urban Indian Orga-  
8           nization.

9           “(D) To a hospital, medical center, or  
10          other institution that provides health care serv-  
11          ices, if such medical quality assurance record or  
12          testimony is needed by such institution to as-  
13          sess the professional qualifications of any health  
14          care provider who is or was an employee of any  
15          Indian Health Program or Urban Indian Orga-  
16          nization and who has applied for or been grant-  
17          ed authority or employment to provide health  
18          care services in or on behalf of such program or  
19          organization.

20          “(E) To an officer, employee, or contractor  
21          of any Indian Health Program or Urban Indian  
22          Organization who has a need for such record or  
23          testimony to perform official duties.

24          “(F) To a criminal or civil law enforce-  
25          ment agency or instrumentality charged under

1 applicable law with the protection of the public  
2 health or safety, if a qualified representative of  
3 such agency or instrumentality makes a written  
4 request that such record or testimony be pro-  
5 vided for a purpose authorized by law.

6 “(G) In an administrative or judicial pro-  
7 ceeding commenced by a criminal or civil law  
8 enforcement agency or instrumentality referred  
9 to in subparagraph (F), but only with respect  
10 to the subject of such proceeding.

11 “(2) With the exception of the subject of a  
12 quality assurance action, the identity of any person  
13 receiving health care services from any Indian  
14 Health Program or Urban Indian Organization or  
15 the identity of any other person associated with such  
16 program or organization for purposes of a medical  
17 quality assurance program that is disclosed in a  
18 medical quality assurance record described in sub-  
19 section (a) shall be deleted from that record or docu-  
20 ment before any disclosure of such record is made  
21 outside such program or organization. Such require-  
22 ment does not apply to the release of information  
23 pursuant to section 552a of title 5.

24 “(d) DISCLOSURE FOR CERTAIN PURPOSES.—

1           “(1) Nothing in this section shall be construed  
2           as authorizing or requiring the withholding from any  
3           person or entity aggregate statistical information re-  
4           garding the results of any Indian Health Program or  
5           Urban Indian Organizations’s medical quality assur-  
6           ance programs.

7           “(2) Nothing in this section shall be construed  
8           as authority to withhold any medical quality assur-  
9           ance record from a committee of either House of  
10          Congress, any joint committee of Congress, or the  
11          General Accounting Office if such record pertains to  
12          any matter within their respective jurisdictions.

13          “(e) PROHIBITION ON DISCLOSURE OF RECORD OR  
14          TESTIMONY.—A person or entity having possession of or  
15          access to a record or testimony described by this section  
16          may not disclose the contents of such record or testimony  
17          in any manner or for any purpose except as provided in  
18          this section.

19          “(f) EXEMPTION FROM FREEDOM OF INFORMATION  
20          ACT.—Medical quality assurance records described in sub-  
21          section (a) may not be made available to any person under  
22          section 552 of title 5.

23          “(g) LIMITATION ON CIVIL LIABILITY.—A person  
24          who participates in or provides information to a person  
25          or body that reviews or creates medical quality assurance

1 records described in subsection (a) shall not be civilly lia-  
2 ble for such participation or for providing such informa-  
3 tion if the participation or provision of information was  
4 in good faith based on prevailing professional standards  
5 at the time the medical quality assurance program activity  
6 took place.

7 “(h) APPLICATION TO INFORMATION IN CERTAIN  
8 OTHER RECORDS.—Nothing in this section shall be con-  
9 strued as limiting access to the information in a record  
10 created and maintained outside a medical quality assur-  
11 ance program, including a patient’s medical records, on  
12 the grounds that the information was presented during  
13 meetings of a review body that are part of a medical qual-  
14 ity assurance program.

15 “(i) REGULATIONS.—The Secretary, acting through  
16 the Service, shall promulgate regulations pursuant to sec-  
17 tion 802 of this title.

18 “(j) DEFINITIONS.—In this section:

19 “(1) The term ‘medical quality assurance pro-  
20 gram’ means any activity carried out before, on, or  
21 after the date of enactment of this Act by or for any  
22 Indian Health Program or Urban Indian Organiza-  
23 tion to assess the quality of medical care, including  
24 activities conducted by individuals, military medical  
25 or dental treatment facility committees, or other re-



1 view bodies responsible for quality assurance, cre-  
2 dentials, infection control, patient care assessment  
3 (including treatment procedures, blood, drugs, and  
4 therapeutics), medical records, health resources  
5 management review and identification and preven-  
6 tion of medical or dental incidents and risks.

7 “(2) The term ‘medical quality assurance  
8 record’ means the proceedings, records, minutes, and  
9 reports that emanate from quality assurance pro-  
10 gram activities described in paragraph (1) and are  
11 produced or compiled by an Indian Health Program  
12 or Urban Indian Organization as part of a medical  
13 quality assurance program.

14 “(3) The term ‘health care provider’ means any  
15 health care professional, including community health  
16 aides and practitioners certified under section 121,  
17 who are granted clinical practice privileges or em-  
18 ployed to provide health care services in an Indian  
19 Health Program or health program of an Urban In-  
20 dian Organization, who is licensed or certified to  
21 perform health care services by a governmental  
22 board or agency or professional health care society  
23 or organization.

1 **“SEC. 818. AUTHORIZATION OF APPROPRIATIONS.**

2 “There are authorized to be appropriated such sums  
3 as may be necessary for each fiscal year through fiscal  
4 year 2015 to carry out this title.”.

5 **SEC. 3. SOBOBA SANITATION FACILITIES.**

6 The Act of December 17, 1970 (84 Stat. 1465), is  
7 amended by adding at the end the following new section:

8 “SEC. 9. Nothing in this Act shall preclude the  
9 Soboba Band of Mission Indians and the Soboba Indian  
10 Reservation from being provided with sanitation facilities  
11 and services under the authority of section 7 of the Act  
12 of August 5, 1954 (68 Stat. 674), as amended by the Act  
13 of July 31, 1959 (73 Stat. 267).”.

14 **SEC. 4. AMENDMENTS TO MEDICARE PROGRAM.**

15 (a) EXPANSION OF MEDICARE PAYMENT FOR ALL  
16 COVERED SERVICES FURNISHED BY INDIAN HEALTH  
17 PROGRAMS.—

18 (1) EXPANSION TO ALL COVERED SERVICES.—

19 Section 1880 of the Social Security Act (42 U.S.C.  
20 1395qq) is amended—

21 (A) by amending the heading to read as  
22 follows:

23 “INDIAN HEALTH PROGRAMS”;

24 (B) by amending subsection (a) to read as  
25 follows:

1       “(a) An Indian Health Program (as that term is de-  
 2   fined in section 4 of the Indian Health Care Improvement  
 3   Act) shall be eligible for payments under this title, not-  
 4   withstanding sections 1814(c) and 1835(d), with respect  
 5   to covered items and services it furnishes if (subject to  
 6   section 408 of such Act) it meets the conditions and re-  
 7   quirements for such payments which apply to the fur-  
 8   nishing of such items and services under this title.”; and

9                       (C) by striking subsection (e).

10               (2) ELIMINATION OF TEMPORARY DEEMING  
 11       PROVISION, SEPARATE FUND REQUIREMENT, AND  
 12       DUPLICATIVE ANNUAL REPORT.—Such section is  
 13       amended by striking subsections (b) through (d).

14               (3) REFERENCE CORRECTION.—Subsection (f)  
 15       of such section is redesignated as subsection (b) and  
 16       is amended by striking “section 405” and inserting  
 17       “section 401(d)”.

18       (b) LIMITATION ON CHARGES FOR HOSPITAL CON-  
 19   TRACT HEALTH SERVICES PROVIDED TO INDIANS BY  
 20   MEDICARE PARTICIPATING HOSPITALS.—

21               (1) IN GENERAL.—Section 1866(a)(1) of the  
 22       Social Security Act (42 U.S.C. 1395cc(a)(1)) is  
 23       amended—

24                       (A) in subparagraph (R), by striking  
 25       “and” at the end;

1 (B) in subparagraph (S), by striking the  
2 period and inserting “, and”; and

3 (C) by adding at the end the following new  
4 subparagraph:

5 “(T) in the case of hospitals and critical  
6 access hospitals which furnish services for  
7 which payment may be made under this title to  
8 be a participating provider—

9 “(i) under the contract health services  
10 program operated by an Indian Health  
11 Program (as those terms are defined in  
12 section 4 of the Indian Health Care Im-  
13 provement Act), with respect to items and  
14 services that are covered under and fur-  
15 nished to an individual eligible for such  
16 program; and

17 “(ii) under a program funded by the  
18 Indian Health Service and operated by an  
19 Urban Indian Organization with respect to  
20 the purchase of items and services for an  
21 eligible Urban Indian (as those terms are  
22 defined in section 4 of the Indian Health  
23 Care Improvement Act (25 U.S.C. 1603);  
24 in accordance with regulations promulgated by  
25 the Secretary regarding admission practices,

1 payment methodology, and rates of payment  
2 (including the acceptance of not more than such  
3 payment rate as payment in full for such items  
4 and services).”.

5 (2) EFFECTIVE DATE.—The amendments made  
6 by paragraph (1) shall apply as of a date specified  
7 by the Secretary of Health and Human Services (but  
8 in no case later than 6 months after the date of the  
9 enactment of this Act) to medicare participation  
10 agreements in effect (or entered into) on or after  
11 such date.

12 (c) MEDICARE COVERAGE OF SERVICES OF COMMU-  
13 NITY HEALTH AIDES OR PRACTITIONERS.—

14 (1) IN GENERAL.—Section 1861 of such Act  
15 (42 U.S.C. 1395x) is amended—

16 (A) in subsection (s)(2)(K)—

17 (i) in clause (ii), by adding “and” at  
18 the end; and

19 (ii) by adding at the end the following  
20 new clause:

21 “(iii) services which would be physicians’ serv-  
22 ices if furnished by a physician (as defined in sub-  
23 section (r)(1)) and which are performed by a com-  
24 munity health aide or practitioner which the aide or  
25 practitioner is legally authorized to perform, and

1 such services and supplies furnished as incident to  
 2 such services as would be covered under subpara-  
 3 graph (A) if furnished incident to a physician’s pro-  
 4 fessional service but only if no other provider  
 5 charges or is paid any amounts with respect to the  
 6 professional fee for furnishing of such services (and,  
 7 in the case of a telehealth service described in sec-  
 8 tion 1834(m), treating services at the originating  
 9 site and the distant site as separate services);”;

10 (B) by adding at the end the following new  
 11 subsection:

12 “Community Health Aides or Practitioners

13 “(ww) The term ‘community health aides or practi-  
 14 tioner’ means such an aide or practitioner who has been  
 15 certified under the provisions of section 121 of the Indian  
 16 Health Care Improvement Act and who only provides serv-  
 17 ices as an employee of the Indian Health Service, an In-  
 18 dian Tribe, or Tribal Organization.”.

19 (2) PAYMENT.—

20 (A) PAYMENT RATE.—Section  
 21 1833(a)(1)(O) of such Act (42 U.S.C.  
 22 1395l(a)(1)(O)) is amended—

23 (i) by striking “or” before “(ii)”; and

24 (ii) by adding at the end the fol-  
 25 lowing: “or (iii) in the case of services of

1           a community health aide or practitioner,  
2           the lesser of the actual charge or 80 per-  
3           cent of the fee schedule amount provided  
4           under section 1848,”.

5           (B) LIMITATION ON BALANCE BILLING.—  
6           Section 1842(b)(18)(C) of such Act (42 U.S.C.  
7           1395u(b)(18)(C)) is amended by adding at the  
8           end the following new clause:

9           “(vii) A community health aide or practi-  
10          tioner.”.

11          (3) EFFECTIVE DATE.—The amendments made  
12          by this subsection shall apply to services furnished  
13          on or after January 1, 2004.

14          (d) CONTINUATION OF SPECIAL TREATMENT FOR  
15          COLLABORATIVE ARRANGEMENTS BETWEEN INDIAN  
16          HEALTH PROGRAMS AND HOSPITAL OUTPATIENT DE-  
17          PARTMENTS.—Section 1833(t)(13) of the Social Security  
18          Act (42 U.S.C. 1395l(t)(13)) is amended by adding at the  
19          end the following new subparagraph:

20                 “(B) EXTENSION OF TREATMENT OF CER-  
21                 TAIN COLLABORATIVE ARRANGEMENTS.—With  
22                 respect to the treatment under this subsection  
23                 of collaborative arrangements between a health  
24                 program operated by the Indian Health Service,  
25                 an Indian Tribe, or Tribal Organization and a

1           hospital operated by such Service or such an  
2           Indian Tribe or Tribal Organization, the Sec-  
3           retary shall reinstate treatment (as in effect on  
4           January 1, 2000) and extend it to such collabo-  
5           rative arrangements regardless of when they  
6           were entered into.”.

7           (e) COVERAGE OF VISITING NURSE SERVICES OF  
8   TRIBAL CLINICS.—

9           (1) IN GENERAL.—Section 1861(aa)(1) of the  
10          Social Security Act (42 U.S.C. 1395x(aa)(1)) is  
11          amended by adding at the end the following:

12        “For purposes of applying subparagraph (C) (relating to  
13        visiting nurse services), an ambulatory care clinic or other  
14        outpatient program of the Indian Health Service or of an  
15        Indian Tribe or a Tribal Organization (as such terms are  
16        defined in section 4 of the Indian Health Care Improve-  
17        ment Act) shall be treated as if it were a rural health clinic  
18        located in an area described in such subparagraph, and  
19        nursing care and supplies described in such subparagraph  
20        and furnished to an individual as an outpatient of such  
21        a tribal clinic or program shall be reimbursable under this  
22        title using the methodology specified in section 4(f) of the  
23        Indian Health Care Improvement Act Amendments of  
24        2003, and, for purposes of this sentence, any reference



1 in such subparagraph (C) to a licensed practical nurse is  
2 also deemed to include a reference to a home health aide.”.

3 (2) EFFECTIVE DATE.—The amendment made  
4 by paragraph (1) shall apply services furnished on or  
5 after January 1, 2004.

6 (f) MEDICARE PAYMENT FOR OUTPATIENT CLIN-  
7 ICS.—

8 (1) IN GENERAL.—Notwithstanding any other  
9 provision of law, for purposes of determining the  
10 rate of reimbursement under title XVIII of the So-  
11 cial Security Act, any outpatient or ambulatory care  
12 clinic (whether freestanding or provider-based) oper-  
13 ated by the Indian Health Service, by an Indian  
14 Tribe, or by a Tribal Organization (as such terms  
15 are defined for purposes of the Indian Health Care  
16 Improvement Act) shall, upon the election of such  
17 clinic, be reimbursed on the same basis as if such  
18 clinic were a hospital outpatient department of the  
19 Indian Health Service.

20 (2) EFFECTIVE DATE.—Paragraph (1) shall  
21 apply to payment for services furnished on or after  
22 January 1, 2004.

23 (g) REVIEW OF MEDICARE AND MEDICAID PAYMENT  
24 SYSTEMS.—

25 (1) STUDY.—

1           (A) IN GENERAL.—The Secretary of  
2           Health and Human Services shall conduct a re-  
3           view of the extent to which the payment meth-  
4           odologies applicable under titles XVIII and XIX  
5           of the Social Security Act (including under sec-  
6           tion 1880 of such Act, as amended by this sec-  
7           tion, section 1911 of such Act, as amended by  
8           section 5(a), and including payment methodolo-  
9           gies in effect at the time the review is under-  
10          taken and payment methodologies effected  
11          under this section or section 5) take into ac-  
12          count the unique or special circumstances of the  
13          provision of covered services to Indians by the  
14          Indian Health Service, Indian Tribes, Tribal  
15          Organizations, and Urban Indian Organizations  
16          (as such terms are defined in section 4 of the  
17          Indian Health Care Improvement Act).

18          (B) MATTERS CONSIDERED.—In par-  
19          ticular, the Secretary shall review the suffi-  
20          ciency of the payment amounts under such  
21          methodologies in assuring access to care and  
22          payment rates consistent with the payment  
23          rates for most favored providers.

24          (C) CONSULTATION.—In conducting the  
25          study, the Secretary shall consult with the In-

1           dian Health Service, Indian Tribes, Tribal Or-  
2           ganizations, and Urban Indian Organizations.

3           (2) REPORT.—Not later than 2 years after the  
4           date of implementation of the amendments made by  
5           subsection (a) (or, if later, the date of implementa-  
6           tion of the amendments made by section 5(a)), the  
7           Secretary shall submit to Congress a report on the  
8           review under paragraph (1). Such report shall in-  
9           clude recommendations for such adjustments to such  
10          payment methodologies as may be necessary to as-  
11          sure that payment amounts under the medicare and  
12          medicaid programs to such Service, Indian Tribes,  
13          Tribal Organizations, and Urban Indian Organiza-  
14          tions are sufficient to provide access to quality care.

15          (3) RETENTION OF CURRENT PAYMENT METH-  
16          ODOLOGY.—Notwithstanding any other provision of  
17          law, the Secretary shall retain the all-inclusive pay-  
18          ment methodology for encounter rates for the Indian  
19          Health Service, Indian Tribes, and Tribal Organiza-  
20          tions under titles XVIII and XIX of the Social Secu-  
21          rity Act unless the use of such methodology is ex-  
22          pressly prohibited or otherwise superceded by Act of  
23          Congress.

1 **SEC. 5. AMENDMENTS TO MEDICAID PROGRAM AND STATE**  
2 **CHILDREN'S HEALTH INSURANCE PROGRAM**  
3 **(SCHIP).**

4 (a) EXPANSION OF MEDICAID PAYMENT FOR ALL  
5 COVERED SERVICES FURNISHED BY INDIAN HEALTH  
6 PROGRAMS.—

7 (1) EXPANSION TO ALL COVERED SERVICES.—

8 Section 1911 of the Social Security Act (42 U.S.C.  
9 1396j) is amended—

10 (A) by amending the heading to read as  
11 follows:

12 “INDIAN HEALTH PROGRAMS”; and

13 (B) by amending subsection (a) to read as  
14 follows:

15 “(a) The Indian Health Service and an Indian Tribe  
16 or Tribal Organization (as those terms are defined in sec-  
17 tion 4 of the Indian Health Care Improvement Act) shall  
18 be eligible for reimbursement for medical assistance pro-  
19 vided under a State plan with respect to covered items  
20 and services it furnishes if it meets all the conditions and  
21 requirements which are applicable generally to the fur-  
22 nishing of such items and services under this title.”.

23 (2) ELIMINATION OF TEMPORARY DEEMING  
24 PROVISION—Such section is amended by striking  
25 subsection (b).

1           (3) REVISION OF AUTHORITY TO ENTER INTO  
2       AGREEMENTS.—Subsection (c) of such section is re-  
3       designated as subsection (b) and is amended to read  
4       as follows:

5       “(b) The Secretary may enter into agreements with  
6       the State agency for the purpose of reimbursing such  
7       agency for health care and services provided by the Indian  
8       Health Service, Indian Tribes, Tribal Organizations, or  
9       Urban Indian Organizations (as such terms are defined  
10      in section 4 of the Indian Health Care Improvement Act),  
11      directly, through referral, or under contracts or other ar-  
12      rangements between the Indian Health Service, an Indian  
13      Tribe or Tribal Organization, or an Urban Indian Organi-  
14      zation and another health care provider to Indians who  
15      are eligible for medical assistance under the State plan.”.

16           (4) REFERENCE CORRECTION.—Subsection (d)  
17      of such section is redesignated as subsection (c) and  
18      is amended by striking “section 405” and inserting  
19      “section 401(d)”.

20           (b) SEEKING ADVICE FROM INDIAN HEALTH PRO-  
21      GRAMS.—Section 1902(a) of the Social Security Act (42  
22      U.S.C. 1396a(a)) is amended—

23           (1) in paragraph (64), by striking “and” at the  
24      end;

1           (2) in paragraph (65), by striking the period  
2           and inserting “; and”; and

3           (3) by inserting after paragraph (65), the fol-  
4           lowing new paragraph:

5           “(66) if the Indian Health Service operates or  
6           funds health programs in the State or if there are  
7           Indian Tribes, Tribal Organizations, or Urban In-  
8           dian Organizations (as those terms are defined in  
9           section 4 of the Indian Health Care Improvement  
10          Act) providing health care in the State for which  
11          medical assistance is available, provide for the estab-  
12          lishment and maintenance of the advisory process  
13          described in section 409(b) of such Act.”.

14          (c) SCHIP TREATMENT OF INDIAN TRIBES, TRIBAL  
15          ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS.—  
16          Section 2105(c)(6)(B) of such Act (42 U.S.C.  
17          1397ee(c)(6)(B)) is amended by inserting “or by an In-  
18          dian Tribe, Tribal Organization, or Urban Indian Organi-  
19          zation (as such terms are defined in section 4 of the In-  
20          dian Health Care Improvement Act)” after “Service”.

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